

INTAKE QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

Date: _____

Name: _____

Date of Birth: _____ Age: ____

Address: _____

Phone: (home) _____ (work) _____ (email) _____

Occupation: _____ Employer: _____

Highest educational level completed: _____ Degree: _____

Referral Information

Referred by: ___ Yellow Pages (book) ___ Yellow pages.ca (web) ___ Google/Internet search ___
Family Doctor ___

Other: (Please Specify) _____

Marital History

Currently living situation: _____

Name of spouse or partner: _____ Age: ____ Years married or living together: _____

Partner's Occupation: _____ Education: _____ Previous Marriages: _____

Family of Origin

Mother – Living: No ___ Yes ___ Her age ____ If deceased, cause of death _____

Father – Living: No ___ Yes ___ His age ____ If deceased, cause of death _____

Number of brothers/sisters: _____ Your birth order: (e.g. oldest) _____

Clinical Information

State in your own words the nature of your main problems:

How has this affected your life?

When did your problems first begin? (Dates)

Have you been in therapy before or received any medical intervention for psychological difficulties? If so, name of therapist, dates of treatment, and results?

On medication in the past for psychological/emotional reasons? If so, what kind?

Ever hospitalized for psychological problems? If yes, when and where?

Have you ever been suicidal or attempted suicide?

Explain: _____

Have you been abused in the past? Explain:

Have you had any other significant or traumatic experiences that cause you concern at this time?

Is there any other information about yourself or your life circumstances that is important for us to know?

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