**Intake Questionnaire**

Date:

Name:

Date of Birth:

Address:

Email address:

Phone number:

Emergency contact and phone number:

CURRENT DIFFICULTY:
Please indicate the reason that you are seeking services at this time. Briefly describe the nature of your difficulties and how long they have been present:

Have you ever received psychotherapy/treatment/hospitalization for emotional difficulties?

If yes, please describe when and reasons for previous treatment:

Have you ever received medication for emotional difficulties?

If yes, please describe the name, how much, how frequently, and with what results:

What feelings do you wish to alter (e.g. increase or decrease)?

What behaviours or situations would you like to change?

PERSONAL HISTORY:
Please list any medical and/or health difficulties you are currently experiencing:

Do you have a history of thoughts about suicide, thoughts about self-harm, suicide attempts, violence towards self or others (including animals)?

Please list any family history of illness or emotional difficulties:

Do you drink alcohol? How much?

Do you use any non-prescription substances? If so, please indicate what substances and how much, how often.

Have you experienced any life events that were particularly distressing or traumatic for you?

Please describe the nature of your friendships with others (e.g. number of friends, closeness of your relationships):

Please describe the extent to which:
a) you feel comfortable trusting and confiding in others

b) you feel supported and understood by others

How do you generally cope with stressful or upsetting circumstances (e.g. distract myself, talk to myself, seek support, think the worst of things, keep to myself, escape, drink, keep busy)?

What are current interests, activities, or hobbies you enjoy?

Where were you born?
Where did you grow up?
Who did you live with during your childhood?
Please describe your childhood and the atmosphere in your home:

Please give a short description of your relationship with your mother, father or caregiver:

Past:

Present:

How many siblings do you have? Please list their gender and ages

What is your current relationship status:

If you are in a relationship, for how long?

Who currently lives with you?

How many children do you have?
Please list their gender and ages:

EDUCATIONAL & OCCUPATIONAL HISTORY:

Education (highest grade/level completed):

If you are currently working, please describe nature of your occupation and how long you have been working there:

What do you find satisfying about your present occupation?

What ways are you dissatisfied by your present occupation?

SELF-DESCRIPTION:
Please complete the following: I am a person who

Ever since I was a child

One of the things I feel most proud of is One of the things I regret is

It’s hard for me to admit

I worry about

Other people

I wish

Please describe your strengths (I know this is hard):