SOUTHWEST COUNSELLING SERVICES

INTAKE FORM

Thank you for taking the time to complete this intake form. The details of this form are confidential and will be kept in a secure location. We use this information to ensure we have appropriate resources and tools to support you in your grieving journey.

**Personal Information**

Date: ____________________________________________

Name: ___________________________________________

Date of Birth: ____________________________________

Gender: [ ] Male [ ] Female [ ] Other

Home Address:

Phone Number(s): May we leave a message? [ ] Yes [ ] No

Email Address:

Are you currently working? [ ] Yes [ ] No

If yes, in what field?

Do you have health benefits that cover social work or counselling services?

[ ] Yes [ ] No

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Point Edward, Ontario N7V 1X4
1 (519) 336 - 3100
1 (519) 336-3102
swcounselling.ca
info@swcounselling.ca
Southwest Counselling

May we send you e-mails about the group and upcoming programs/events?

[ ] Yes [ ] No

How did you hear about this group? ______________________

**Emergency Contact**

Name:

Relationship:

Address:

Phone Number:

**Medical Information**

Family Doctor: ______________________________________

Do you have an existing health condition that would increase your risk in participating in light physical movement ? Ie. Cardiovascular issues, joint issues

[ ] Yes [ ] No

If Yes, please consult your doctor prior to commencing this group

Do you have a current mental health diagnosis? (ie. Depression, Anxiety, PTSD, Complicated Grief Disorder etc. )

[ ] Yes [ ] No

If yes, and you feel comfortable- please list the diagnoses:

**Bereavement Information**

Please identify the relationship of the person you have lost

[ ] Partner/Spouse
[ ] Child
[ ] Sibling
[ ] Friend
[ ] Parent/Caregiver
[ ] Extended Family member (Ie. Grandparent, Cousin, Uncle, Nephew etc.)
[ ] Pet/Animal
[ ] Client/Work associate
[ ] Other : ______________________

How long ago did your loved one pass away?

[ ] < 3 months
[ ] 3-6 months
[ ] 6-9 months
[ ] 9-12 months
[ ] > 1 year-3 years
[ ] > 3 years- 5 years
[ ] > 5 + years

Are you experiencing any of the following symptoms?

[ ] Increased irritability
[ ] Disordered eating
[ ] Lack of Purpose
[ ] Sadness
[ ] Mood swings
[ ] More/Less sleep
[ ] Anger/Hostility
[ ] Inability to be calm
[ ] Nightmares
[ ] Flashbacks
[ ] Loneliness
[ ] Inability to show/experience joy
[ ] Emotional Numbness
[ ] Social Isolation
[ ] Loss of Interest in activities
[ ] Preoccupation with loss
[ ] Frequent Crying
[ ] Excessive Worry
[ ] Self-Harm (ie. Cutting)
[ ] Thoughts of harming others
[ ] Thoughts of harming self
[ ] Feelings of panic/fear

[ ] Headaches
[ ] Loss/Gain of appetite
[ ] Chest pain
[ ] Alcohol/Substance abuse
[ ] Avoidance of people/places
[ ] Unexplained physical symptoms

Have you attended any counselling, groups or community-based programs to help cope with your grief?

[ ] Yes [ ] No

If yes, please describe:

How are you currently coping with this loss? Please share any healthy or unhealthy strategies you are using:

What have you found the most helpful in dealing with your loss? (please describe)

What is your sleep routine like?

Do you meditate? [ ] Yes [ ] No

If yes, can you share your practice. If no, are you open to trying it?

Do you have any experience with art?

Would you want to express yourself with colour OR black and white in your painting?

Do you remember your dreams? [ ] Yes [ ] No

Do you keep a journal of your dreams? [ ] Yes   [ ] No

Are you open to talking about your dreams? [ ] Yes   [ ] No

How often do you spend time in nature?

Are you open to exploring nature in our sessions? [ ] Yes   [ ] No

Are you open to exploring how to integrate spirituality with your grieving process?
[ ] Yes   [ ] No

What do you do when you are alone?

What are your interests and hobbies? Do you have any favorite books, movies, sports, things to do?

What would be the ideal day and time for you to attend this group?

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday

- 9-11am
- 10-12pm
- 11-1pm