

Client Intake Form

Date: _____

Legal Name _____ Birthdate DD / MM / YY Age _____ Gender _____
 Relationship Status _____ Parent/Guardian (if under 18) _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone # _____ (C/H/W) Alternate # _____ (C/H/W)
 OK to leave a message? Yes/ No Email Address: _____
 Preferred Method of Contact: ___ Phone ___ Text ___ Email
 Are you comfortable receiving reminder notifications by : Text ___ Email
 Emergency Contact: _____ Relationship: _____
 Phone Number: _____ Email: _____ Ok to Contact: _____

How did you hear about Transcend Psychological?

___ Internet/Website ___ Family/Friend ___ Physician Referral ___ Other (specify) _____

TREATMENT HISTORY:

Have you ever been treated by a psychologist, psychiatrist, or other mental health worker? Yes / No

Are you currently taking medication for mental health purposes? Yes / No

If Yes, Please list: _____

Are Alcohol and/or drugs an area of concern: Yes/No If yes, which substance(s): _____

CURRENT REASONS FOR SEEKING PSYCHOLOGICAL THERAPY:

Please describe your primary reason for seeking treatment:

How will you know you are progressing?

