tiqvah
Counselling & Wellbeing

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Intake Form

Please answer the following questions to the best of your abilities. This information is held to the same standards of confidentiality as our therapy sessions. This questionnaire will take approximately 30 minutes to complete.

Name (First/Last):_____
Name of parent or guardian (if minor): _____
Birth date: _____/_____/_____ Age: _____ Gender: _____
Marital status: _____

Home address: _____
Phone: _____ Email: _____

Are you currently receiving psychological services, professional counselling, psychiatric services, or any other mental health services? Yes☐ No☐
Reason for change: _____

Have you had any mental health services in the past? Yes☐ No☐
Reason for change: _____

Are you currently taking any medication? Yes☐ No☐
If yes, please list: _____

General Health Information
Do you consume alcohol regularly? Yes☐ No☐

In the last year, have you experienced any major life changes (employment, relocation, relationship, illness, loss of loved one, etc.)? Please describe:
_____
_____
_____

Occupational Information
Are you currently employed? Yes☐ No☐
If yes, who is your employer? _____
What is your position? _____

Mental Health History

Please provide information about your mental health. Mark the boxes that apply.

Depression ☐	Anxiety ☐	Anger Issues ☐	Panic Attacks ☐
Alcohol Abuse ☐	Drug Abuse ☐	Eating Disorder ☐	Learning Disability ☐
Trauma ☐	Domestic Violence ☐	Suicidal thoughts ☐	Lack of Focus ☐
Schizophrenia ☐	Other: _____		

List your strengths.

_____

_____

_____

List areas you would like to develop or improve.

_____

_____

_____

What are some ways you cope with life obstacles and stress?

_____

_____

_____

What are your goals for therapy? What would you like to accomplish during your sessions?

_____

_____

_____

Is there anything else you would like to share?

_____

_____

_____

_____

_____

Your Signature:_____ Date: _____

Witness:_____ Date: _____