

doornekamp and associates

individual, couple and family therapy
920 Princess Street, Third Floor, Kingston ON K7L 1H1
40 Sunset Blvd., Suite 12, Perth ON K7H 2Y4

Intake Form

Please complete and bring with you to your first session. Information collected on this form is treated as confidential.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years):

(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Address:

(Street and Number)

(City) (Province) (Postal Code)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

Emergency Contact Person: _____ Phone: _____

May we email you? Yes No

If yes, please provide email address: _____

*(*Please note: Email is not considered to be a confidential form of communication.)*

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healing, wholeness and purpose

HEALTH INFORMATION

Note: Some counselling issues are clinical (needing medical or psychiatric attention). In such circumstances, I will request that you will seek the additional support of a doctor, a psychiatrist, or a psychologist to work with you on these issues.

Physician's Name: _____

Phone Number: _____

Medication (Prescription and non-prescription, please provide dosage)

Approximate Date of Last Physical Exam: _____

How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing: _____

How many times per week do you generally exercise? _____

What type(s) of exercise do you participate in? _____

Please list any difficulties you experience with your appetite or eating patterns.

Are you currently experiencing overwhelming sadness, grief or depression?

- No
- Yes

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias?

- No
- Yes

If yes, when did you begin experiencing this? _____

Are you currently experiencing any chronic pain?

- No
- Yes

If yes, please describe _____

Do you drink alcohol more than once a week? No Yes

How often do you engage recreational drug use? Daily Weekly Monthly
 Infrequently Never

Have you ever been prescribed psychiatric medication?

- Yes
- No

Please list and provide dates: _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

- No
- Yes, previous therapist/practitioner: _____

If you answered yes to the above, what was helpful/unhelpful about your past therapy experience(s)?

RELATIONSHIP STATUS

Please indicate which of the following best describes your relationship status:

- Domestic Partnership
 Married
 Separated
 Never Married
 Divorced
 Widowed

On a scale of 1 – 10 (1 low, 10 high) how satisfied are you with your relationship? _____

Please list any children/age _____

FAMILY MENTAL HEALTH HISTORY:

In the section below, please identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	

ADDITIONAL INFORMATION:

Are you currently employed? No Yes

If yes, what is your current employment situation:

What do you enjoy about your work? What do you not enjoy about your work?

Do you consider yourself to be spiritual or religious?

- No
- Yes

If yes, describe your faith or belief:

What do you consider to be some of your strengths?

What do you consider to be some of your weakness?

What brings you into therapy at this particular point in time?

What would you like to accomplish out of your time in therapy?

I was referred by (if applicable): _____