



*Embrace Change. Embrace Your Potential.*

**INTAKE ASSESSMENT FORM (CLIENT FILE)**

Name

\_\_\_\_\_

Home phone

\_\_\_\_\_

Birth Date

\_\_\_\_\_

Message ok?    yes     no

Address

\_\_\_\_\_

Cell phone

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Message ok?    yes     no

Single  Partner

Partner Name

\_\_\_\_\_

Work phone

\_\_\_\_\_

Message ok?    yes     no

Additional contact instructions \_\_\_\_\_

Employer (name & address)

\_\_\_\_\_

\_\_\_\_\_

Extended Health provider (*ex. Blue Cross, Sunlife, etc.*)

\_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

**PHYSICAL HEALTH ISSUES**

Current            yes     no

\_\_\_\_\_

Previous            yes     no

\_\_\_\_\_

Previous Hospitalizations    yes     no

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*Registered Therapeutic Counsellor*

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**PREVIOUS COUNSELLING/CONCURRENT SERVICES**

Counsellor/Psychologist/Agency/School

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Previous experience in counselling (individual, group)

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What worked/did not work & why)

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Additional comments

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**CURRENT SUPPORT SYSTEM**

Formal/professional

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Informal/family-friends

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**CLIENT HISTORY/INFORMATION**

Medication \_\_\_\_\_

Doctor Monitoring \_\_\_\_\_

Phone \_\_\_\_\_

Release of information signed yes  no

**MENTAL HEALTH ISSUES**

Current            yes     no

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Previous            yes     no

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Previous Hospitalizations:            yes     no

Presenting Issue (reason for seeking help, complexity of issues)

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Client goals & motivation (*expectations for treatment, why seeking help now?*)

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History of Depression/treatment

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Aggression towards others, domestic violence

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Suicide Risk (*ideation/attempts, aggression towards self*)

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Alcohol/drugs (*current usage & history*)

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Other (*e.g., trauma history, history of issue*)

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**NEEDS/CONCERNS**

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**FURTHER COMMENTS/RELEVANT INFO**  
(*Culture/Spiritual/Gender/Mini mental status*)

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Genogram

Interviewed by \_\_\_\_\_

Date \_\_\_\_\_