

CLEAR LIGHT COUNSELLING INTAKE FORM

Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used to help me better understand who you are and what your therapeutic goals might be.

Name:

Email:

Phone number:

Best way to contact you?

How did you find Clear Light Counselling? (eg. referral, web search)

FAMILY OF ORIGIN / CULTURAL BACKGROUND

Who do you live with and how are you related?

How do you identify? (Race, culture, ethnicity, sexual orientation, ability)

Is religion, spirituality an important aspect of your understanding of yourself? Yes / No
(If so, explain)

ABOUT YOU

Age? _____

Occupation?

Interests/Hobbies?

Describe your relationship with your family:

Describe your relationship with your friends:

HEALTH INFORMATION

Do you have any illness at this time?

Yes / No

(If yes, what?)

Have you ever had surgery?

Yes No

(When and what for?)

Have you ever been hospitalized?

Yes / No

(If so, why?)

Are you taking any medication?

Yes No

(If so, what?)

Rate your sleeping habits (1-10)

_____ /10

Describe:

Rate your eating habits? (1-10)

_____ / 10

Describe:

Do you feel that you have experienced trauma? Yes / No

Do you feel that you have experienced grief? Yes / No

How would you rate your physical health? _____ /10

How would you rate your mental health? _____ / 10

PSYCHOLOGICAL INFORMATION

Have you seen a counsellor before? Yes/No
(If so, at what time and for what issue?)

What concerns would you like to talk about?

Who do you feel comfortable confiding in? Do you have a confidante?

What would you like to see as a result of counselling?

My greatest hope is

My greatest fear is

Describe your life as a child (Circle one)

Very unhappy Unhappy Average Happy Very happy

Describe your life as a teenager (Circle one)

Very unhappy Unhappy Average Happy Very happy

Describe your life in the last six months (Circle one)

Very unhappy Unhappy Average Happy Very happy

ADDITIONAL QUESTIONS TO HELP EXPLORE . . .

UNDERSTANDING THE PROBLEM (Questions for thought - no written answer required)

How would you describe what is going on with you?

What is the most troubling part of the problem?

What would you like to be doing that you are not able to do?

How would you name or label what is happening to you?

What do you think caused or is causing the problem?

Is there any kind or type of support that makes the problem diminish, more tolerable, or better?

What seems to inflame the problem? What stressors make the problem more difficult to deal with or tolerate?

How have you dealt with the problem in the past?

How has it been helpful?

How are you currently coping with it now?

BARRIERS TO TREATMENT

Has anything ever gotten in your way of seeking help for this problem?

What barriers have prevented you from seeking help in the past?

PREFERENCES OF TREATMENT

What expectations do you have from me in the counselling relationship?

What expectations do you have for yourself?

How do you see treatment progress? What type of pace is ideal?

What would indicate to you that treatment or this counselling relationship is not working?

Is there anything I have failed to ask you that would be helpful in facilitating treatment and a working relationship?