

# clear light counselling



## CLIENT INFORMATION

### 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 understanding who you are and what your therapeutic goals might be.

Client Name \_\_\_\_\_

Date of Birth (day/month/year) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

What is the best way to contact you?

Cell phone \_\_\_\_\_ Email/Messenger \_\_\_\_\_

Who lives in your home with you? \_\_\_\_\_

\_\_\_\_\_

PARENTS/GUARDIANS: (if needed)

Names(s) \_\_\_\_\_

\_\_\_\_\_

Address(es), if different from yours \_\_\_\_\_

\_\_\_\_\_

Phone numbers (if not listed above) \_\_\_\_\_

\_\_\_\_\_

Occupations \_\_\_\_\_

\_\_\_\_\_

## FAMILY INFORMATION

Are your parents: (Circle one)

Married and living together

Passed away (mom / dad / both)

Separated

Living together common-law

Divorced

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If your parents are not together, what is their current living situation?

Living with:

Mom: No

Yes, mom is: Remarried  
Living with someone

Living with:

Dad: No

Yes, Dad is: Remarried  
Living with someone

If your parents are not together, what is your living arrangement? \_\_\_\_\_  
\_\_\_\_\_

Please list the name, gender, age, and grade of your brothers and sisters

Name \_\_\_\_\_ Gender M F Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender M F Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender M F Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender M F Age \_\_\_\_\_ Grade \_\_\_\_\_

## SCHOOL INFORMATION

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

Do you generally like school? \_\_\_\_\_

What works well for you at school? \_\_\_\_\_

What does not work well for you at school? \_\_\_\_\_

Do you have some ideas for what you might pursue after high school? \_\_\_\_\_  
\_\_\_\_\_

## FRIENDS

Do you have a boyfriend/girlfriend? Yes No

Do you have one or more close friends? Yes No

Do you feel like you might have an enemy? Yes No

How do you get along with students at school? (circle one) great ok not great

## ACTIVITIES

What do you like to do for fun? \_\_\_\_\_  
\_\_\_\_\_

List any groups, clubs, or organizations that you belong to \_\_\_\_\_  
\_\_\_\_\_

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Do you have a job? Yes No (Where?) \_\_\_\_\_

What other activities fill up your time? \_\_\_\_\_

Are there any hobbies or activities that you would like to start? \_\_\_\_\_

### 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 in a hospital? Yes No (Why?) \_\_\_\_\_

What are your sleeping habits? \_\_\_\_\_

How is your appetite? \_\_\_\_\_

Have you ever had any crises or lost anyone or anything close to you? Yes No  
(Tell about this.)

Are you taking any medication now? Yes No (If yes, why?) \_\_\_\_\_

Names of any medication (including birth control pills) you are taking \_\_\_\_\_

How would you rate your physical health /10? \_\_\_\_\_

How would you rate your mental health /10? \_\_\_\_\_

### PSYCHOLOGICAL INFORMATION

Have you ever been to a counsellor before? Yes No

If you have had counselling, when was it and for how long? \_\_\_\_\_

What was the name of the counsellor or agency? \_\_\_\_\_

Why did you see a counsellor and what did you talk about? \_\_\_\_\_

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## IMPORTANT QUESTIONS FOR YOU AND YOUR COUNSELLOR TO TALK ABOUT

Are you here because you want to be here? Yes No

Are you here because your parents want you to be here? Yes No

How did you find clear light counselling? \_\_\_\_\_

\_\_\_\_\_

What concerns do you want to talk about? \_\_\_\_\_

\_\_\_\_\_

Who knows about your issues/problem(s)? Who do you confide in? \_\_\_\_\_

\_\_\_\_\_

What would you like to see happen as a result of coming here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My greatest fear is \_\_\_\_\_

My greatest hope is \_\_\_\_\_

Describe your life as a child (Circle one)

very happy    happy    average    unhappy    very unhappy

Describe your life as a teenager (Circle one)

very happy    happy    average    unhappy    very unhappy

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

very happy    happy    average    unhappy    very unhappy

## RELIGION (OPTIONAL)

Is religion / spirituality a part of your life?

\_\_\_\_\_

What impact does religion / spirituality have on your life? \_\_\_\_\_

\_\_\_\_\_

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ADDITIONAL COMMENTS

Please use this space if there is anything you wish to add:

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Thank you for your cooperation in completing this form