Cornerstone Counselling Centre
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Intake Form - Adult

CLIENT INFORMATION

Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used by your counsellor to assist you. Please use the reverse side of the last page if you wish further space for any of the questions.

Client Name ____

Date of Birth (*day/month/year*) ____________________________________

Address____

City ______________________________ Postal Code_________________

Please do not include phone numbers at which you do not wish to be contacted.
Home phone __________________ Work phone ____________________

Career

Occupation____

Education

Education completed ______________________________________

Current Marital Status

(Circle one of the following)
Single Engaged Married Separated Common-Law Divorced Widowed

Years married/common-law ______________ Years
separated/divorced/widowed ______________ Years

Name of spouse/partner ______________________________Age_________

Occupation of Spouse/partner_____________________________________

My relationship is *(Circle one of the following)*

very happy happy average unhappy very unhappy

Have you been previously married? Yes ______ No ______ How long?________

Family Information

Name of child ________________Gender______ Age_____ Living with you?____

Name of child ________________Gender______ Age_____ Living with you?____

Name of child ________________Gender______ Age_____ Living with you?____

Name of child ________________Gender______ Age_____ Living with you?____

Are your parents still living? Mother ______ Father______

Did either parent ever have problems with Alcohol/drugs/other? _______________

Describe your parent's marriage: *(Circle one)*
very happy happy average unhappy very unhappy

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

Additional Comments? ____

____

____

Medical Information

List any present health problems, major surgeries, injuries (with dates)

____

____

____

Date of last medical check-up ______________________ Reason _________________

____

Family Physician ____

Are you taking medication now? ___________ Name(s) of your medication

____

____

Reason for taking medication____

____

____

Psychological Information

List any significant crises, losses or stressors

____

____

____

Have you ever had a “nervous breakdown” or other significant emotional problem?

Yes ________ No________Explain____

____

Have you ever received psychotherapy, counselling, or other treatment for personal and/or marital problems?

Yes ________ No __________ Dates ____

What issues were treated? ____

____

Supplementary Questions

My greatest fear is ____

____

My greatest hope is ____

____

Please describe the problems for which you are seeking help______________________

____

____

____

Who is aware of your problem(s)? ____

____

What would you like to see happen as a result of coming for help?

____

____

____

Religious/Spiritual Information *(optional)*

Religion ____

Denomination *(if applicable)* ____

Do you attend a place of worship? Yes________________ No___________________

How does your faith/spiritual life affect your present situation?

____

____

____

Do you have any requests for including elements of your faith in your counselling session?

____

____

Do you wish to have your counsellor pray with you? Yes________ No_________

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!