

Client Information/Intake Form



Date: _____

Name: _____

Date of Birth: _____

Gender: _____

Marital Status: _____

Occupation: _____

Address: _____
Street (Apt No.) City Prov P.C.

Telephone number: _____ **Ok to leave message?** _____

Email address: _____

Emergency contact (name, phone) _____ **Relationship?** _____

Please give a brief summary of the reasons that you are seeking counseling: _____

Is there anything else you would like me to know before our meeting? _____

Note: All personal information is held securely in accordance with the appropriate legislation, is confidential and treated appropriately.