

Psychotherapy Intake/Assessment

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|---------------------|---------------|
| Client Name _____ | Date _____ |
| Date of Birth _____ | Gender _____ |
| Phone 1 _____ | Phone 2 _____ |
| Address _____ | Email _____ |

Family Members living in the household (Name, age, relationship to the client)

Family Structure (single, couple, single with children, common law, married, grandparents, etc.)

History of Mental Health Issues

History of Trauma

History of Substance Abuse (No History/Personal History/ Parents/Current Partner)

Were you referred to us and if so why and whom?

Presenting Issue

Relevant Medical History

Relevant experiences with other direct services (other professionals or organizations)

Who or what offers support in your life?

Strengths:

Who or what may be a roadblock to your success?

Have you tried working on these goals before without success?

Barriers and Concerns:

Goals: What are the Main Goals you hope to achieve through counselling and what resources can be used to facilitate these goals

Goals

Strategies

- 1.
- 2.
- 3.
- 4.

I/we agree with the goals(s) and action plan, and I am willing to participate in these counselling sessions.

I/we understand that I/we am directing this process and it depends upon my participation in this Service Plan, as developed from my individual goals.

I/we agree to evaluate this Service Plan during sessions, so I can make changes that are meaningful to me.

I/we give permission to be emailed on occasion of programs & treatments: Yes or No (circle)

Client Signature: _____ Date Signed: _____

Psychotherapist Signature: _____ Date Signed: _____