

CARE COUNSELING INTAKE FORM

In order to maximize time in your counselling session please answer the following questions:

Present relationship:

What is your relationship status? (single, common – law, married, dating)

If you are in a relationship how long have you known one another?

If you are living common – law, how long have you lived together?

If you are married, for how long?

What is your current partner's name?

Are you currently separated? If so for how long?

Do you have biological children together from your relationship, if so what are their first names and ages?

Do you have step children, if so first names and ages?

Past relationship information:

If you were married, living common-law previously, for how long?

What was the first name of your previous partner(s)

How long have you been separated, divorced or not in your previous common – law relationship?

Do you have any children from your past relationship?

If so how old are your children, boy or girl and first names

Who are your children living with?

Counselling History:

Whose idea was it for you to come to counselling?

Have you been to counselling previously?

If so how long ago?

How many sessions did you attend previously?

What did you learn from your previous counselling session(s)?

Health:

Do you have any health problems?

Are you taking any medications and if so what are you taking?

Do you use alcohol, if so how many drinks per sitting per week do you consume?

Do you use any substances including marijuana, if so what is your daily usage?

Have you ever tried to commit suicide previously, if so how long ago?

Are you feeling suicidal at present?

Have you experienced traumatic/upsetting events in your life time?

What trauma have you experienced and date?

What has led you to come to counselling?

What would you like to achieve by coming to counselling?

What is your overall goal(s)?

Name(s)

date: