

**Counselling Intake Form**

This is a PDF form, so you can print it, complete the information and either bring it with you to a session, or mail it. Note there are 5 pages. If you are comfortable in choosing to email your information, please contact me for a fillable copy, and return through email. **Email may not be secure. Be careful that the form is sent to only South Georgian Bay Family Mediation.**

Thank you: for completing this intake form. South Georgian Bay Family Mediation/ Counselling assists people with a variety of issues. By completing this form in advance of the first in-person meeting, you are actively participating in the facilitation of your wellness, and saving yourself money by making the process as efficient and effective as possible. Please complete all applicable areas remembering that everything is private and confidential\* and will not be released without your informed, voluntary, written consent. \*Exceptions to confidentiality as mandated by our regulatory body OCSWSSW include: a significant risk to yourself or others; a risk of abuse to a child, and a legally mandated process.

Your Name:

Your Date of Birth:

Today's Date:

Address:

City:

Province:

Postal Code:

Phone:

Your Email:

Emergency Contact Name:

Emergency Contact Number:

**Do you have insurance that covers counselling?**  Yes  No

*You submit your receipts directly to your own benefit provider.*

**How did you find out about South Georgian Bay Family Mediation Counselling?**

- Client  Colleague  Lawyer  Court  Doctor  Word of Mouth  Friend
- Brochure  Internet  School  Family Member  Website  Telephone Book
- Other(please specify) \_\_\_\_\_

**What is happening in your life that has prompted you to come to South Georgian Bay Family Mediation Counselling?**

**What do you believe your strengths are?**

**If you have an idea of what you want to accomplish with South Georgian Bay Family Mediation Counselling please share it with us.**

**It is helpful for us to know about your past. Please provide a brief account and approximate date of any of the following.**

Major illness, Major injury, Significant Loss (death, job loss, divorces, move), Traumatic Experiences (abuse, crime):

**Major turning points in your life:**

**Have you ever had any previous counselling? If so when, what was the counselling for and what did you find helpful/not helpful.**

**It is helpful for us to know about your present situation. Please complete the following by checking the box for anything that is a concern of stress for you now?**

- Food    Shelter    Physical Health    Safety    Alcohol    Drugs    Legal  
 Violence    Medical Health    Security    Work    Finances

Other comments \_\_\_\_\_

**Please indicate if you presently experience any of the following:**

- Increase in appetite    Decrease in Appetite    Weight Gain    Weight Loss  
 Sad, despairing mood    Sleep problems    Withdrawal from family members/friends  
 Feeling useless    Excessively guilty    Pessimistic    Hopeless    Fatigue  
 Low self-esteem    Agitation    Irritability    Feeling slowed down  
 Remembering issues    Crying Easily    Trouble Making Decisions    Trouble  
 concentrating    Feeling like crying but being not able to    Hallucinations  
 Delusions    Loss of interest in work/ Hobbies    Loss of interest in other People  
 Loss of interest in Sex    Irrational/Excessive Fear    Feeling Apprehensive/Tense  
 Difficulty Managing Daily Tasks    Feeling Distress Related to these Tasks

**What do you believe your weaknesses are?**

**This section pertains to the present relationships in your life such as, but not limited to: significant relationship, immediate family, extended family, friendships, work or business relationships, neighbours and teachers.**

**Please describe what relationships are not working as well as you would like.**

**List the relationships that you find supportive.**

**Please include the names of the professionals who are supporting you:**

Family Doctor:

Community Organization:

Chiropractor:

Registered Massage/Athletic Therapist:

Lawyer:

Financial Advisor:

Spiritual Advisor:

Naturopathic Doctor:

Support Group:

Educational Staff:

Course Facilitator:

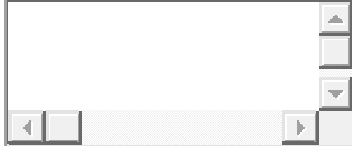
Specialist:

Other:

**Please describe what is not working well in your life.**

**Please list any other difficulties or struggles you want us to know.**

**Do you have any life goals you would like to share with us?**



The cost of a one hour session is \$120.00. There is a sliding scale provision for lower-income people. Our office policy is 48 hours' notice to cancel appointments. If you provide sufficient notice you will not be charged for late cancellations. If you do not provide sufficient notice may be billed for the missed appointment.

*Please be advised we accept both cash and cheque (payable to South Georgian Bay Family Mediation). If you would prefer to pay through another method: directly from your bank, by credit card, third party payer, etc., please contact us directly 705-477-3529 so we can gather your pertinent account/card information.*

Thank you for taking the time to complete this information. Your counsellor will be reviewing this with you and will be able to expand on the information if you want. We look forward to helping you navigate life's rough bits.

You understand that by providing your information, and checking the box below, you release the above information to South Georgian Bay Family Mediation for Counselling administration purposes, and agree to receiving emailed information and receipts.

Yes, I agree

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