



# INTAKE QUESTIONS

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Contact information: \_\_\_\_\_

Preference:  Text  Phone  Email (not secure) Is it okay to leave a message?  Yes  No

Relationship status: \_\_\_\_\_

Do you have children?  Yes  No If so, do they live with you?  Yes  No Ages: \_\_\_\_\_

Are you currently working:  Yes  No If so, what is your position? \_\_\_\_\_

On a scale of 0-10 (0 no stress 10 unbearable stress), how would you rate your work stress?  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Have you worked with a counsellor before?  Yes  No If so, when? \_\_\_\_\_

If so, what did you find helpful and unhelpful? \_\_\_\_\_

During the **past year**, have you experienced any of the following? \_\_\_\_\_

Moved  Changed/lost job  Diagnosed with illness  Marriage  Breakup  Death of loved one

Thinking about the **past 3 months**, on a **scale 0-10**, how would you rate your: \_\_\_\_\_

Physical health: \_\_\_\_\_ Mental health: \_\_\_\_\_ Coping: \_\_\_\_\_

Sleep: \_\_\_\_\_ Diet/eating habits: \_\_\_\_\_ Relationships: \_\_\_\_\_

During the **past 3 months**, have you: \_\_\_\_\_

Experienced suicidal thoughts?  Yes  No Self harmed?  Yes  No

Vaped or smoked?  Yes  No Struggled with addictive behaviours?  Yes  No

Used Alcohol?  Yes  No Used Recreational drugs?  Yes  No

Current prescriptions: \_\_\_\_\_

Current diagnosis' of mental and physical illness: \_\_\_\_\_

What made you decide to access counselling today? \_\_\_\_\_

What do you hope to get from counselling? \_\_\_\_\_

Anything else I should know? \_\_\_\_\_

How did you hear about Tanglewood? \_\_\_\_\_