***Caritas Counselling: Client Intake Form***

Name:

Date of first appointment:

Please take your time in providing the following information. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Have you previously received any type of mental health services? (ie. Psychotherapy Medication, Outpatient Hospitalization, Inpatient Hospitalization)

Briefly, what concerns or symptoms are bringing you to counselling now?

When did these concerns or symptoms first start?

What areas of your life have been affected because of this problem?

Please briefly describe any major losses or traumas you have experienced:

What significant life changes or stressful events have you experienced recently?

What would you like to accomplish out of your time in therapy?

**Physical Health:**

How would you rate your current physical health on a scale of 1-10 with 10 being excellent and 1 being extremely poor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any specific health problems you are currently experiencing:

Please describe any major health problems that you have had in the past that may be impacting your present life:

Do you have problems sleeping. If yes, please describe.

**Additional Information:**

Is there any other information that you feel would be important to share in order to help me to understand you/your current challenges better?

Thank you for taking time to fill out this form!