



# MINDFUL in the CITY

## COUNSELLING INTAKE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

### Physical History (please be accurate, medical records may need to be disclosed at some point)

General Health \_\_\_\_\_

Are you now under a doctor's care? \_\_\_\_\_ If yes, name of doctor \_\_\_\_\_

Reason for doctor's care \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Reason for medication \_\_\_\_\_ Last medical examination \_\_\_\_\_

Have you ever been hospitalized for a physical illness? \_\_\_\_\_ Describe \_\_\_\_\_

Have you ever been hospitalized for a mental illness? \_\_\_\_\_ Describe \_\_\_\_\_

Any recent major illnesses or surgeries? \_\_\_\_\_

Any recurrent or chronic conditions? \_\_\_\_\_

Do you smoke: \_\_\_\_\_ Do you take drugs? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Do you drink? \_\_\_\_\_ How much? \_\_\_\_\_

Any Previous Therapy/Counselling? \_\_\_\_\_ If yes, describe, when, where, how long, what for \_\_\_\_\_

What do you hope to achieve with therapy? \_\_\_\_\_



# MINDFUL in the CITY

## Work History

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

If presently unemployed, describe the situation \_\_\_\_\_

\_\_\_\_\_

Hobbies/Avocations \_\_\_\_\_

## Family Systems Information

Where born? \_\_\_\_\_ How long there? \_\_\_\_\_ Ethnic ID \_\_\_\_\_

Parents: Father alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Mother alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_ no of marriages \_\_\_\_\_ Spouse's  
name \_\_\_\_\_

Living with a partner \_\_\_\_\_ How long \_\_\_\_\_ Partner's Name \_\_\_\_\_

Children: #1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_ #6 M F Age \_\_\_\_\_

Family Alcoholism or Domestic Violence? \_\_\_\_\_ Sexual Addictions or Abuse? \_\_\_\_\_

Parents divorced? \_\_\_\_\_ If yes, what year \_\_\_\_\_ Your age at the time \_\_\_\_\_

If deceased, what year? \_\_\_\_\_ Your age at the time \_\_\_\_\_ Cause of death \_\_\_\_\_

Any step-parents? \_\_\_\_\_ If yes, describe when and your relationship with them \_\_\_\_\_

\_\_\_\_\_

If reared by someone other than your birth parents, describe the situation in some  
detail \_\_\_\_\_

\_\_\_\_\_

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know



# MINDFUL in the CITY

## Spiritual History

Religious upbringing \_\_\_\_\_ Present Affiliation \_\_\_\_\_

Is this an important part of your life \_\_\_\_\_ Why/why not \_\_\_\_\_

## Emotional Status

Are you currently experiencing strong emotions? \_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Do you make decisions based on your emotions? \_\_\_\_\_ How well does that work for you? \_\_\_\_\_

\_\_\_\_\_

Did you have what you would consider to be childhood or other traumas? \_\_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Have you been treated for emotional disturbances? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had any thoughts of suicide \_\_\_\_ If so, when \_\_\_\_\_ Do you have any thoughts now \_\_\_\_\_

## Present Situation

Please state why you decided to come for counselling/therapy \_\_\_\_\_

What is the nature of your situation \_\_\_\_\_

\_\_\_\_\_

What would you like to experience that is different from what you are experiencing now \_\_\_\_\_

\_\_\_\_\_

How long has this been a problem for you \_\_\_\_\_

\_\_\_\_\_

Please state what you would like to work on in therapy \_\_\_\_\_

\_\_\_\_\_



# MINDFUL in the CITY

## Personal Agreements

I understand that I may be asked to do certain “homework exercises” such as reading, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counselling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty, and willingness to do the things I need to do to move forward even if it is painful and difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

I understand that I will pay in full for appointments not canceled with 24 hours notice.

---

(client signature and date)

As your therapist/counsellor, you honour me by sharing your life and growth with me. I will not hide myself behind silence or position and will have high regard for you as a person. I will bring the best that I know from my study and experience. I will bring you the highest of my insight, wisdom, and spiritual guidance.

I will keep a holistic perspective in our work together because I believe that the Physical, Spiritual, and Soul (mind, will, emotions) all work together to form the wholly healthy person.

You can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do. I value you as a person in need of care. I will do my best to honour that.

**Loma Tai**