Emotional Wellness Therapy

Coping effectively with life and creating satisfying relationships

INTAKE FORM: INDIVIDUAL THERAPY

Date of Referral *(yyyy-Mon-dd)*: _____

Last Name of Client: _____ First Name: _____

Address: _____ Postal Code: _____

Primary telephone number: _____ Secondary telephone number: _____

Email (*Please be aware that email might not be confidential)*: _____

Birth Date *(yyyy-Mon-dd)*: _____ Age: _____ Occupation: _____

Last Name of Spouse/Partner: _____ First Name: _____

Address *(or indicate if same as above)*: _____ Postal Code: _____

Birth Date *(yyyy-Mon-dd)*: _____ Age: _____ Occupation: _____

Primary telephone number: _____ Secondary telephone number: _____

Email (*Please be aware that email might not be confidential)*: _____

Relationship status *(please indicate with an X)*:

( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed Other: _____

Length of time in current relationship: _____

Describe the quality of the relationship:

( ) Negative ( ) Poor ( ) Ambivalent ( ) Neutral ( ) Good ( ) Positive

Please list children's names and ages *(indicate half- or step- if applicable)*:

Child #1: _____ Age: _____ Child #2: _____ Age: _____

Child #3: _____ Age: _____ Child #4: _____ Age: _____

Who lives with you in the home? _____

Phone: (403) 710-3373 **E-mail: nelsoncd@shaw.ca** **Website: https://www.emotionalwellnesstherapy.ca**

#210 – 7720 Elbow Drive SW, Calgary, AB T2V 1K2

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Please check any of the following reasons that led to your request for individual therapy:

( ) Depression or anxiety	( ) Alcohol/substance use	( ) Premarital/divorce	( ) Life decisions and transitions
( ) Identity and self-esteem	( ) Thoughts of self-harm	( ) Recover from affair	( ) Work/life balance
( ) Interpersonal concerns	( ) Financial stressors	( ) Communication problems	( ) Family of origin and trauma
( ) Stress and coping	( ) Improve relationship(s)	( ) Parent/child conflict	( ) Adjustment with grief/loss

Please speak to your primary reason(s) for seeking counselling at this time? How long has it been going on?

_____

_____

How is this issue currently affecting other aspects of your life (i.e., work, couple, family, parenting, etc.)?

_____

_____

Describe any significant stressors or life events that you and/or family have experienced in the past 6 months.

_____

_____

What things have you tried to improve this issue? Did you experience any amount of success? Please explain.

_____

_____

Please list any previous counselling and/or services you have received *(If yes, when, with whom, and outcome).*

_____

_____

What helpful coping strategies have you learned along the way?

_____

_____

What do you consider to be your strengths? What do you appreciate most about yourself?

_____

_____

What do you hope to accomplish through counselling? How will you know when your situation has improved?

_____

Thank you for choosing Emotional Wellness Therapy!

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