
INTAKE FORM: INDIVIDUAL THERAPY

This form helps me understand what feels most important to you right now. Please complete what you can — we will explore the rest together. Your information is confidential and used only to support your care.

Date of Referral (yyyy-mon-dd): _____

How did you hear about Emotional Wellness Therapy?

Client Information

Name: _____

Pronouns (optional): _____

Address: _____

Postal Code: _____

Cell Phone: _____

Email: _____

Birth Date (yyyy-mon-dd): _____

Age: _____

Occupation: _____

Do you have any sensory preferences or needs (lighting, noise, pacing) that would help you feel more comfortable in session?

Are there cultural, spiritual, or identity-related factors you would like me to consider in our work together?

Partner Information (if applicable)

Name: _____

Pronouns (optional): _____

Address: _____

Postal Code: _____

Cell Phone: _____

Email: _____

Birth Date (yyyy-mon-dd): _____

Age: _____

Occupation: _____

Relationship Information

Relationship Status *(check one)*:

Single Married Separated Divorced Widowed Other: _____

Length of time in current relationship: _____

How would you describe the quality of the relationship?

Negative Poor Ambivalent Neutral Good Positive

Family Information

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

- Child #1: _____ Age: _____
- Child #2: _____ Age: _____
- Child #3: _____ Age: _____
- Child #4: _____ Age: _____

Who currently lives in the home?

Are there any current safety concerns for you or your family that you would like me to be aware of?

Clinical Issues I Support

(Please check any that feel relevant for you)

- Anxiety, panic, and chronic worry
 - Depression, sadness, and low mood
 - Emotional overwhelm, numbness, or dysregulation
 - Trauma, attachment wounds, and unresolved past experiences
 - Relationship stress, communication issues, and trust/intimacy concerns
 - Parenting stress, parent-child conflict, and blended family challenges
 - Child and adolescent mental health, ADHD, and school-related stress
 - Identity, self-esteem, and major life transitions
 - Grief, loss, and work-related burnout
 - Boundary setting, conflict resolution, and emotional safety
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Your Story

What brings you to counselling at this time? How long has this been going on?

How is this affecting other parts of your life (work, relationships, family, parenting, etc.)?

Have there been any significant stressors or life events in the past 6 months?

What have you tried so far to improve this issue? What helped, even a little?

Have you received counselling or other services in the past?
(If yes, please include when, with whom, and the outcome.)

What coping strategies have been helpful for you?

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

What would you like to accomplish through counselling? How will you know things are improving?

Thank you for connecting with Emotional Wellness Therapy. I am honoured to support you as we begin this work together.