



Sara Coyle MSW, RSW

Clinical Therapist

Family Intake Form

The information requested is necessary to better understand your counselling goals. Please be assured that all information submitted will be kept confidential. Your health information is private.

Client Information

First Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ Postal Code _____

School _____

(1) Parent/Caregiver Information

First Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ Postal Code _____

(2) Parent/Caregiver Information

First Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ Postal Code _____

Other:

Current Status (married, divorced, separated, single, etc.)

Current Custody Status (if applicable)

Referred by _____

Contact Information

Phone - Home _____ Work _____ Ext. _____ Cell _____

E-mail _____

Preferred method of contact: Phone E-mail No Preference



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If you prefer to be contacted by phone, please advise if Nurturing Health and/or Sara Coyle can contact you and/or leave a message at the numbers you have provided.

Home Yes No

Work Yes No

Cell Yes No

Employment Status Full-Time

Part-Time

Retired

On Leave

Student

Self-Employed

Unemployed

Occupation _____

Do you have extended health care (EHC)? Yes No

Insurance Company _____

Are social work services covered under your EHC plan? Yes No

Benefit Limitation _____

Counselling History

Physician Name _____

Medication _____

Previous Therapy (e.g. Social Workers, Psychologists, Psychiatrists)

Are you currently involved with the Children’s Aid Society? Yes No

If no, do you have history of involvement with the Children’s Aid Society? Yes No

Please note that if at any time during your service that you do become involved with the Children’s Aid Society, Sara will not be able to continue services due to a conflict of interest. Sara will make a referral to another therapist for you at that time.

In case of an emergency, who should we contact?

Name _____

Phone Number _____

Relationship _____



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Reason(s) for Attending Counselling

Please provide a brief description of presenting concern(s) (e.g. stress, family, separation & divorce, parenting, anxiety, depression, emotion regulation, grief, life transition, trauma, etc.):

What are you hoping to see change a result of counseling?

Are there any potential barriers to counselling (ie. work schedule, etc.)

Is there anything else you would like Sara to know?

I have read, understood and completed this questionnaire with accuracy and to the best of my knowledge. Any questions I had were answered to my satisfaction.

Client Signature (12 and over) _____ Date _____

Parent/Caregiver Signature _____ Date _____

Parent/Caregiver Signature _____ Date _____

Witness Signature _____ Date _____