



Sara Coyle MSW, RSW

Clinical Therapist

Client Intake Form – Adult Individual

The information requested is necessary to better understand your counseling 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 _____

Phone - Home _____ Work _____ Ext. _____ Cell _____

E-mail _____

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

Referred by _____

Preferred method of contact: Phone E-mail No Preference

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 _____

Reason(s) for Attending Counselling

Please provide a brief description of presenting concern(s) (e.g. stress, family, separation & divorce, 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.)



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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 _____

Date _____

Witness Signature _____

Date _____