

Client Intake Form

Please complete the following form prior to your first appointment. All information is confidential and will be kept in your secure client file.

PERSONAL INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Phone Number: _____

Email Address: _____

Street: _____

City: _____

Province: _____

Postal Code: _____

CREDIT CARD INFORMATION

Please note: Your credit card will only be charged with your consent or in accordance with the 72-hour cancellation policy stated below.

Name on Card: _____

Card Number: _____

Expiration Date (MM/YY): _____

CVV: _____

Billing Postal Code: _____

THERAPY INFORMATION

What brings you to therapy at this time?

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Have you been in therapy before? Yes No _____

If yes, what was your experience like?

What issues are you currently experiencing or hoping to work on in therapy?

What are you hoping to gain from therapy?

What are you looking for in a therapist? (Check all that apply)

A supportive listener

Help processing trauma

Guidance through grief

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Tools and strategies for coping

Accountability and structure

Other (please specify): _____

Are there any special things you would like me to know about you?

CANCELLATION POLICY ACKNOWLEDGMENT

I understand that a minimum of 72 hours' notice is required to cancel or reschedule an appointment. If I do not provide this notice, I agree that my card on file will be charged the full appointment fee.

I agree to the 72-hour cancellation policy.

Signature: _____

Date: _____