



Counselling Intake Form

Robert Bruce, M.A. counseling CCC; CCPA

Bethesda Family Counselling
Unit B - 4415 29th St, Vernon, BC V1T 5B7
Phone: (250) 500- 4542 Email: robrucer@gmail.com

Date: _____

Please take a few minutes to provide as much of the following information as you feel comfortable sharing:

Personal Information

Name _____ DOB: _____

Address _____ Age: _____

Email _____ Gender: M F

Phone: (H) _____ (W) _____

(C) _____ Messages okay at: H W C

Employed? Full-Time Part-Time Student Unemployed on Leave Self-Employed

Employer: _____ Since When? _____

Level of Education Completed: None Elementary High School Undergraduate Graduate

Relationship Status: Single Common-Law Married Divorced Remarried Date: _____

Children? Yes No Names (ages): _____

Briefly describe your major concerns or problems for which you are seeking help: _____

Physical/Medical History

Doctors Name _____ Location _____ Phone _____

Overall Physical Health: Excellent Good Fair Poor

Current Medications (prescription and over-the-counter) _____

Have you ever been hospitalized for a physical illness? Describe _____

Initials _____

Please *check off* all items that apply to you.

Have you ever been given a mental health diagnosis from a mental health professional? Yes ___ No ___

If yes, please list diagnosis _____

How would you estimate the severity of the problem now? Mild ___ Moderate ___ Serious ___ Severe ___

Have you ever been hospitalized for a mental illness? Describe _____

Please circle any of the following symptoms that apply to you:

- | | | | |
|-----------------------|-----------------|---------------------|--------------------|
| Headaches | Hypersomnia | Shortness of Breath | Burning/Itchy Skin |
| Appetite Disturbances | Stomach Trouble | Fatigue | Back Pain |
| Sexual Disturbances | Chest Pains | Excessive Sweating | Fainting |
| Bowel Disturbances | Tremors | Anxiety | Blackouts |
| Twitches | Hearing Things | Panic Attacks | Hearing Problems |
| Visual Disturbances | Numbness | Dizziness | Weight Concerns |
| Insomnia | Tingling | | |

Have you ever experienced: physical abuse ___ sexual abuse ___ verbal abuse ___ emotional abuse ___

Threats of abuse ___ witnessed abuse of someone else ___ stocking/harassment ___ other _____

Have you ever had thoughts of suicide?

When? _____

Do you currently have thoughts of suicide? _____

Have you ever attempted suicide? _____

Do you drink alcohol? ___ If yes, how much/often? _____

Do you smoke? ___ If yes, how much/how often? _____

Do you use non-prescription, illegal drugs? ___ If yes, what kind and how often? _____

Family History

Father alive? _____ Where residing? _____ Relationship? _____

If deceased, what year? _____ Cause of death? _____

Mother alive? _____ Where residing? _____ Relationship? _____

If deceased, what year? _____ Cause of death? _____

Parent's marital status? _____ If divorce/separated, what year? _____

Any step-parents? _____ if yes, how was your relationship with them? _____

Any siblings? (Indicate names, ages, and briefly describe your relationship with each) _____

What is your ethnic background? _____

Is there any aspect of your ethnicity that you would like to discuss? _____

How long of you been married/with your partner (if applicable)? _____

How would you describe your relationship with your spouse or significant other? _____

Please indicate if anyone in your family history has struggled with or is currently struggling with any of the following by circling those which apply:

- | | | | |
|--------------------|-----------------------|----------------|----------------------|
| Depression | Bipolar Disorder | Schizophrenia | Eating Disorder |
| Anxiety Disorder | Panic Attacks | Alcoholism | Drug Abuse |
| Identity Disorders | Sexual Abuse | Physical Abuse | mental/emotion abuse |
| Sleep Disorders | Personality Disorders | Phobias | Sexual Addictions |

Spiritual History

Religious Upbringing _____ Present Affiliation _____

Is it an important part of your life? Yes? No Why or why not? _____

I certify that the above information is correct to the best of my ability:

Signature: _____