KATE MACDONALD
PSYCHOLOGY
SERVING CLIENTS VIRTUALLY IN ALBERTA

Client Intake Questionnaire

This information will be kept confidential in your client file

Name: _____ Preferred Name _____

Date of Birth: _____ Pronouns: _____

Address: _____

Primary phone #: _____ May I leave a message: Yes No

Email address: _____ May I email you: Yes No

Date of Birth: _____

Occupation/Place of Employment: _____

Relationships Status:

__ single/never married __ married ___ divorced ___ dating

__ common-law __ remarried ___ separated ___ other

Emergency Contact Name: _____

Emergency Contact phone # _____ Relationship: _____

Please check your main reason(s) for accessing counselling today (all that apply):

__ anxiety	__ anger management	__ depression
__ self esteem	__ suicidal thoughts	__ family of origin issues
__ relationship issues	__ self-harm	__loneliness
__ single incident crisis	__ grief support	__ trauma
__ workplace issue	__ divorce/separation	__adjustment/transition
__ stress management	__chronic pain	__conflict management
__ communication skills	__quality of life/purpose	__ other

History

Have you accessed any type of mental health services (eg. counselling, psychiatry) previously?
If yes, please describe briefly:

_____

_____

_____

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Are you currently taking any prescription medication? If yes, please list:

_____
_____

Have you ever been hospitalized for psychiatric or mental health concerns?
If yes, please provide the year and any related diagnoses:

_____
_____
_____

How would you rate your current physical health?

Poor Unsatisfactory Satisfactory Good Very Good

Please list any health problems you are currently experiencing: _____
_____
_____

How do you rate your current mental health?

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific concerns you are currently experiencing if not indicated on page one:

_____
_____

How do you rate your current sleep?

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems you are currently experiencing: _____
_____
_____

Please make note of anything else that is relevant to your well-being that you would like me to know:

_____
_____
_____
_____
_____

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