

**Kelvin Block Counselling Services  
Intake Form**

*The information you provide on this form will not be disclosed to anyone (including those who may attend counselling with you), and will be kept as part of your confidential file. It is not required that you answer all questions; however, your thorough completion of the questionnaire is strongly encouraged, as your responses enables me to make a more thorough, focused assessment and support more efficient treatment planning.*

Today's Date \_\_\_\_\_

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(May we leave a message for you here?  yes  no) (May we leave a message for you here?  yes  no)

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you content in/with your current employment?  very  moderately  very little  not at all  not sure

Work Phone: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

(May we leave a message for you here?  yes  no) (May we contact you here?  yes  no)

If contact is necessary (for appointments, etc.) which number do you prefer:  home  work  cell

other \_\_\_\_\_

Last year of school completed: 9 10 11 12; College/University; Graduate;  
Certificate/Diploma/ Degree pursued/accomplished

**RELATIONAL INFORMATION**

Current Relationship Status: (check all that apply)  single  exclusively dating  engaged  married  living together  common-law  separated  divorced  widowed

If in committed relationship, for how long? \_\_\_\_\_ How long have you known your partner? \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Partner's Age: \_\_\_\_\_

Number of previous marriages for you? \_\_\_\_\_ For your partner? \_\_\_\_\_

If widowed, separated, or divorced, for how long? \_\_\_\_\_

With whom do you currently live? (check all that apply)  Alone  Spouse  Children: ages \_\_\_\_\_  Parent(s)

Sibling(s)  Boyfriend  Girlfriend  Other (please specify) \_\_\_\_\_

**PHYSICAL HISTORY**

Please list any conditions, illnesses, treatments, or surgeries (including pregnancies, or related treatments) that might be relevant to your reason for seeking counseling:

\_\_\_\_\_  
\_\_\_\_\_

Please list all current medications you are taking, the reasons, dosage and length of time. (List even if you seldom use, or take only as needed.)

\_\_\_\_\_ which improves/controls \_\_\_\_\_

\_\_\_\_\_ which improves/controls \_\_\_\_\_

**PRESENTING ISSUES AND GOALS**

Please describe briefly why you are coming to counseling? (i.e., what are your issues, problems?)

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What do you hope to gain or change by coming for counseling?

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How long do you believe counseling should last?

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Have you had any previous counseling, psychiatric treatment, or residential/in-patient care?  no  yes.

If so: When \_\_\_\_\_

What was the counselling focus? \_\_\_\_\_

How was it helpful? \_\_\_\_\_

Please indicate on the scale below how distressing your problem(s) are to you. Place an "X" on the line.

1 \_\_\_\_\_ 5 \_\_\_\_\_ 10

Slightly Distressed: \_\_\_\_\_ Moderately Distressed: \_\_\_\_\_ Extremely Distressed: \_\_\_\_\_

Are you currently experiencing any suicidal thoughts?  Yes  No

Over the past several years, have you frequently experienced suicidal thoughts?  Yes  No

Have you attempted suicide in the past?  Yes  No When? \_\_\_\_\_

Have any of your friends or family ever committed or attempted suicide?  Yes  No

Sessions will be one hour and 15 minutes in length; cost of each session is \$140.00 plus gst @ \$7.00 to be paid at that session. Each additional 15 minutes per session is \$30.00 plus gst.

Signature: \_\_\_\_\_

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