

**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?)

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

How long do you believe counseling should last?

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 \$170.00 plus gst @ \$8.50 to be paid at that session. Each additional 15 minutes per session is \$30.00 plus gst.

Signature: _____

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The Association of Counselling Therapy of Alberta