

CLIENT INTAKE INFORMATION '19

If you are uncomfortable in offering any of the material requested here, please omit that section and we will discuss it in person.

Date: _____, Seeking: Individual _____, Couples _____, 3rd Party Ins. _____?

A. Identification: Name: _____, Age: _____,

Home address: _____,

Postal Code: _____, Res. Phone: _____, Cell Phone: _____,

Email: _____,

If I need to call, would you prefer: a message _____, an email _____, a text _____, other _____?

B. Referred by: Name _____, Agency _____,

C. Medical Care: Doctors or Clinic name: _____,

Medications currently taken: _____,

If you begin counselling with me, I may want to confer with your Doctor(s). If I see this need I will discuss this with you before hand and get your permission to make contact first.

D. Prior counselling/treatment experience(s): With Whom _____?

When _____, Duration _____? For what issues _____,

_____?

What were the results for you _____?

E. What brings you to see me today _____?

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