

**Janice Falls**

**Confidential Counselling Intake Form**

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

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

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

Telephone (home): \_\_\_\_\_ Cell phone: \_\_\_\_\_

Can I leave a message?  YES  NO

Emergency contact, name and number: \_\_\_\_\_

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

Have you been referred by someone?  YES  NO

If YES, who referred you to me? \_\_\_\_\_

Do you have access to extended health insurance?  YES  NO

Are you currently using other services (such as coaching)? \_\_\_\_\_

Are you under the care of a physician or other medical personnel?  YES  NO

Briefly, what are your reasons for seeking counselling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please note: All information you give me will be considered confidential unless you are in danger of harming yourself or others, or if you report current child abuse, in which case I am legally required to involve other professionals.

If you are unable to attend an appointment, I would appreciate 24 business hours of notice for cancellation. Otherwise, I must ask that you pay the regular fee.

Your signature: \_\_\_\_\_

Today's date: \_\_\_\_\_