

Caro Cloutier RP

INTAKE FORM

Date: _____

Welcome to my practice and my services. In order to help me be able to get to know you and have a better understanding of you, please read complete as many questions as you can below.

Before we get started, I wanted to remind you of your rights as a client. Your comfort is of primary importance to me, so I want you to know that you always have the right to:

- be treated with respect at all times.
- ask questions about anything that occurs during session.
- choose to not participate in any technique or practice suggested by Caro.
- end session at any time without any obligations, other than paying for sessions already completed or other outstanding fees.
- complete confidentiality, within the limitations reviewed on the consent form.
- view all records in your file at any time you choose and discuss any factual corrections.
- have all or part of your records released to any person you choose, after providing written consent.

First/Last Name:

Date of Birth (DD/MM/YYYY): _____/_____/_____ Age: _____

Birth Sex: _____ Gender Identity: _____

- If a student, what grade are you in at school, or year of study (college/university)?

If applicable: Parent/Guardian full name (if client under 18 years old):

• Gender Identity of parent/guardian: _____

E-mail: _____

Is it okay to send an email? Yes No

Primary Phone #: _____ Is this your mobile phone? Yes No

Is it okay to leave a voicemail? Yes No Is it okay to leave a text? Yes No

Marital Status: Single Married Common-Law Separated/Divorced In a Relationship Spouse/partner's 1st name: _____ Age: _____ Yrs in relationship: _____

Children (birth gender, age):

Your Address:

City: _____ Province: _____ Postal Code: _____

Emergency Contact: _____

Phone #: _____ What is your relationship to the emergency contact?

Substitute Decision Maker Contact is necessary when a person is not capable of providing consent for themselves.

Substitute Decision Maker Contact:

Phone #: _____ What is your relationship to the SDM contact?

Medical Information:

Family Physician: _____

Phone number: _____

Have you seen a mental health professional before? Yes No

- If yes, how long ago did you see that professional (approximately)? _____
- How long did treatment last (months/years)?

- Are you currently taking any prescription medications? Yes No

- If yes, please provide name and dosage:

Have you seen any alternative health professional for this matter? Yes No

- If yes, how long ago did you see that professional (approximately)? _____
- How long did treatment last (months/years)?

- What were the practices or recommendations? _____

How did you find out about services with Caro? Referral Website Search
 Doctor's Office Social Media Friend/Family Member

Any allergies or disabilities Caro should be made aware of?

About Your Challenges:

The next section is about your challenges. Sometimes it can be difficult to write what challenges us most. Sometimes we might feel some upset in filling out the questions below. If this is the case, you can leave it blank and we will discuss it together when we meet.

In your own words, what brings you to see Caro?

What is your goal, intention or hope for your session work with Caro?

Thank you for filling out this intake form. It will be kept in your confidential file.

Next Steps:

Please be sure to carefully read over and complete the Consent, Confidentiality & Privacy Agreement form, and the Payment Agreement form. These three forms will be reviewed in our first session. Please feel free to contact me if you have any immediate questions. Or, if you like, you can ask them at our Initial Session.

Blessings,

Caro