

DR SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC.

Intake Couple Form (different address)

Welcome. I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is CONFIDENTIAL. If you have concerns or questions about the relevance of any information and wish to leave it blank, please do so.

Date: _____ Referral Source: _____

1. Client Name: _____

2. Client Name: _____

Gender: M ___ F ___ Sex: M ___ F: ___

1. Birthdate: _____ Age: _____

2. Birthdate: _____ Age: _____

1. Home Telephone Number: _____ Work: _____

Can I leave a message __, name __ and number __?

2. Home Telephone Number: _____ Work: _____

Can I leave a message __, name __ and number __?

Client 1 Address: _____

Client 2 Address: _____

Marital Status: _____

Children's Name & Ages: _____



Client 1: Employment: _____

Client 2: Employment: _____

Client 1: Education (grade complete, any postsecondary): _____

Client 2: Education (grade complete, any postsecondary): _____

Client 1: Family Doctor's Name & Address: _____

Client 2: Family Doctor's Name & Address: _____

Client 1: Relevant Medical History (please describe any significant current or past medical problems): _____

Client 2: Relevant Medical History (please describe any significant current or past medical problems): _____

Client 1: Past Counselling Yes No When: _____
For: _____

Client 1: Past Counselling Yes No When: _____
For: _____

Have you ever been hospitalized for a psychological difficulty?

Yes _____ Client: _____

No

Type of counselling requested: Personal Couple/ Marriage
 Family

Do you have insurance or employee assistance coverage? Yes No,
Client _____

If yes, you may want to determine the number of sessions covered or the
maximum payable per year and the method of reimbursement.

Emergency Contact: _____ Number: _____

Relationship to client: _____
