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DR. SHERRI BRUCE  
REGISTERED PSYCHOLOGIST  
#1458 INC.  
#39-1400 Cowichan Bay Road

**DR SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC.**

**Intake Form for Adult**

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: \_\_\_\_\_

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

Sex: M \_\_\_ F: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Can I leave a message \_\_, name \_\_ and number \_\_?

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

Marital Status: \_\_\_\_\_

Children's Name & Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Education (grade complete, any postsecondary): \_\_\_\_\_

Family Doctor's Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relevant Medical History (please describe any significant current or past medical problems): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past Counselling Yes No When: \_\_\_\_\_  
For: \_\_\_\_\_

Have you ever been hospitalized for a psychological difficulty?  
 Yes  No

Type of counselling requested:  Personal  Couple/ Marriage  
 Family

Do you have insurance or employee assistance coverage?  Yes  No, 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: \_\_\_\_\_

\_\_\_\_\_