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**DR. SHERRI BRUCE REGISTERED
PSYCHOLOGIST**
#39-1400 Cowichan Bay Road
Cobble Hill, BC V0R 1L3

DRSHERRIRBUCEREGISTEREDPSYCHOLOGIST

Intake Form

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: _____

Adult: _____ Gender: M _____ F _____

Teen: _____ Gender: M _____ F _____

Parent Birth Date: _____ Age: _____

Teen Birth date: _____ Age: _____

Home Telephone Number: _____

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

Address: _____

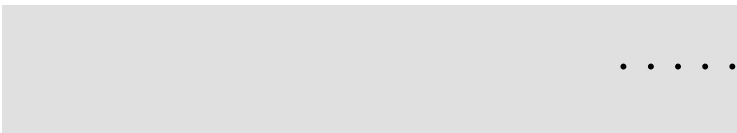
Emergency Contact: _____ Number: _____

Relationship to client: _____

Teen's Grade: _____ School Name: _____

Family Doctor's Name & Address: _____

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



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Past Counselling Yes No

For Whom: _____

When: _____ Where: _____

Type of Counselling: _____

Has anyone been hospitalized for a psychological difficulty? Yes

No. Name of client: _____.

Type of counselling requested: Family

We give our consent to Dr. Bruce to consult with our Doctor and her professional colleagues as professional and ethically necessary

Yes No
