



# mosaic counselling

## Client Intake Form

Name:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)

Address:

Telephone Number:

May I leave a message at this number? Y/N

Email Address:

Emergency Contact Number:

Dr Name / Number:

What has led you to seek counselling at this time? What significant problems or stresses are you facing at the present time?

Current Family Makeup (Spouse / Kids / Living Environment)

### Risk Assessment:

Harm to Self: None\_\_\_\_ Low\_\_\_\_Medium \_\_\_\_High \_\_\_\_

Harm to Others: None\_\_\_\_ Low\_\_\_\_Medium \_\_\_\_High \_\_\_\_

Hospitalization/treatment for psychiatric problems? \_\_\_\_\_

Past Suicidal thoughts / actions? \_\_\_\_\_

**FAMILY OF ORIGIN HISTORY:**

Sibling	Gender	Age	Descriptors	Relationship <i>Conflicted/Close</i>

*What was the status of your parents' relationship during your childhood? What relationship rules did you learn?*

*Tell me about your **mother**, step mother and/or other significant female care providers? What were their personalities like, how did they treat you, and what has been your relationship with them over the years including now?*

*Tell me about your **father**, step father and/or other significant male care providers?*

*Tell me about your earliest childhood memory. Any significant family events during your growing up years?*

*How did your family handle conflict / communicate with each other?*

Was spirituality a part of your upbringing? What is your spiritual practice at this time?

### MEDICAL HISTORY

Tell me about any medical problems you have –chronic illnesses, traumatic injuries, head injuries, major surgeries, chronic pain? Includes dates, hospitalization information, disabilities.

Any memory & cognitive problems?

### EMOTIONAL/MENTAL HEALTH

How would you describe yourself emotionally? Self talk? Signature themes?

### LIFE STYLE

Physical Health (1 is poor, 10 is excellent): Rating\_\_\_\_\_

What would bring it to a 10?

Sleep (any concerns): Hours/Night\_\_\_\_\_

Exercise: Form(s):

How Often: Regularly \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_

Sex Life (how satisfied are you): Rating\_\_\_\_\_

Medication(s):

Describe your use of alcohol

Describe your use of drugs

Have you ever had a period of heavy alcohol or drug use? Please describe.

Has any member of your family had a period of heavy alcohol or drug abuse, past or present? Please describe.

**ADDICTIONS** - Please check all that apply

Alcohol	_____	Drug (illegal and/or prescription)	_____
Food	_____	Sex	_____
Gambling	_____	Shopping (includes online)	_____
Smoking	_____	Internet	_____
Work	_____	Other	_____

**TRAUMAS or SIGNIFICANT LOSSES**

Have you experienced any traumas you think we should address?

Examples:

Abduction	Bullying	Chronic Illness
Cultural	Criminal	Deaths
Divorce / Separation	Emotional	Financial
Hate crime	Identity theft	Internet Fraud
Isolation	Loss of Culture	Loss of Independence
Medical / Physical	Sexual Abuse	Stalking
Torture / War	Witness of Trauma	Work Related/Job Loss

**EDUCATION / CAREER**

What was school like for you?

Current employment/job description/ satisfaction

Employment History?

**RELATIONSHIP HISTORY**

List any significant relationships in your life (for example marriage, common-law union, long term dating, divorced) starting with the most recent or current:

Status: (Dating, Married, Divorced)	Duration:	Age	Crises / Abuse :	Other Relevant Info :

**LEGAL HISTORY**

Describe any legal (criminal) problems you have ever had. Describe any violent behaviour you have ever exhibited.

Any outstanding legal matters? \_\_\_\_\_

On going lawsuit(s)? \_\_\_\_\_

Past legal matters? \_\_\_\_\_

**COUNSELLING HISTORY**

Have you attended counselling before? \_\_\_Yes \_\_\_No

If yes: When?

Reason(s)?

What was helpful / not helpful?

Anything missed / not addressed?

What can I do to make this a worthwhile experience?

## SUPPORT SYSTEMS

Who do you turn to for support? Reason you would choose these supports?

Friends \_\_\_\_ Church \_\_\_\_ Professionals \_\_\_\_ Neighbours \_\_\_\_ Co-workers \_\_\_\_  
Virtual Friends \_\_\_\_ Children \_\_\_\_ Partner \_\_\_\_ Pets \_\_\_\_ Family \_\_\_\_

Tell me about your hobbies, interests. What do you like to do for fun and relaxation?

What's going well in your life at this point in time?

If you were granted 3 wishes what would they be?

## TREATMENT GOALS

What would you like to achieve in our work?

- 1.
- 2.
- 3.

Is there anything I did not ask that you thought I would, or anything else you think would be helpful?