

**INDIVIDUAL/FAMILY/COUPLE COUNSELLING**  
**CLIENT INTAKE FORM**

Date: Referred by:

Name: DOB:

*Address including postal code*

Home #: Mobile #: May we call you at home?

Email Address:

Relationship Status:

Married

Single

Separated

Divorced

Widowed

Engaged

Are you seeking counselling with/for someone else?

Relationship to you:

Does this person  
reside with you?

Emergency Contact *Name & Phone*

What are your reasons for seeking counselling?

What are you hoping to see changed as a result of counselling?

