## Ponoka Family & Community Support Services CONFIDENTIAL Counseling Intake Form

Date of Intake:	
Client Name(s):	Ages:
Address:	
	Postal Code:
Phone: Home:Work: _	Cell:
Referred by:	
	Dates:
Location:	
Family Physician	Addraga
Do you have any on-going medical concerns	Address
	at this time O. Wasser
If so, please identify: Medication:	at this time? Yes:No:
Please provide the name, age and relations	hin of any persons living in your household:
	The of any persons living in your nousehold.
Please provide an estimate of your annual h	nousehold income:
Are you currently on any social assistance:_	If yes, please identify:

## **CONFIDENTIAL Counseling Intake Form** – pg 2

Divorce or separation within the past year  Work-related problems School-related problems Financial concerns Health concerns Health concerns Disabled person in family Serious illness within family within past year Death in family. Indicate who & when: Birth/adoption in family within past year Remarriage/ or new relationship within the past year Relationship conflicts with partner Relationship conflicts with partner Relationship distance with partner Parenting conflicts with partner Parently Child conflicts Parenting concerns Unresolved stress from personal childhood Concerns regarding addiction: (gambling/substance use/abuse) Concerns regarding legal problems Anyer Problems Anxiety Problems Trauma Sadness, grief issues Depression problems Behaviour problems Behaviour problems Behaviour problems Sleep Disturbance Weight Loss Weight Loss Weight Gain Lack of interest and motivation for usual pleasures/pastimes Irritability Moodiness Crying Frequently Feel Emotionally Flat or Numb Can't concentrate Difficulty completing tasks Unusual thoughts Other  What 2 goals do you have in seeking counseling at FCSS today?  1)  2)  For Counselor Use ONLY: Date of contact:  1st appt: Fee Arrangement:	Please check which of the following applies  Recent move	y and year or y
School-related problems Financial concerns Disabled person in family Serious illness within family within past year Death in family. Indicate who & when: Birth/adoption in family within past year Remarriage/ or new relationship within the past year Relationship conflicts with partner Relationship distance with partner Parent/Child conflicts Parenting conflicts with partner Parent/Child conflicts Parenting concerns Unresolved stress from personal childhood Concerns regarding addiction: (gambling/substance use/abuse) Concerns regarding legal problems Anxiety Problems Anxiety Problems Trauma Sadness, grief issues Depression problems Behaviour problems Sleep Disturbance Weight Loss Weight Gain Lack of interest and motivation for usual pleasures/pastimes Irritability Moodiness Crying Frequently Feel Emotionally Flat or Numb Can't concentrate Difficulty completing tasks Unusual thoughts Other  What 2 goals do you have in seeking counseling at FCSS today?  1)  2)  For Counselor Use ONLY: Date of contact:  1**appt:	Divorce or separation within the past	year
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