



Seabird College
EDUCATION FOR REAL LIFE



2812 Chowat Road,
PO Box 650,
Agassiz BC, V0M 1A0

NEW CLIENT INTAKE FORM - Counselling Services

Personal Information:

Name: _____ Pronouns: _____

Preferred name (if different from above): _____

Birthdate (dd/mm/yyyy): _____

Phone number: (home) _____ Cell: _____

Is it ok to leave a voicemail? Yes No E-mail address: _____

Is it ok to communicate with e-mail? Yes No Preferred method of contact: Email Phone

Emergency contact: (name) _____ (Phone number) _____

Emergency contact relationship: _____

Marital status: Single Married Common-law Divorced Other _____

Do you have any children? Yes No If yes, how many and what is/are their age(s)? _____

Do your children live with you? Yes No

Health History:

Have you seen a counsellor before? Yes No

If yes, please briefly describe your experience with counselling (What did you like or dislike from your experience? Was counselling helpful for you?):

Are you currently receiving any other medical treatment? Yes No

If yes, please list the services you are receiving:



Are you currently receiving mental health services elsewhere? Yes No

If yes, please list the services you are receiving:

Have you ever been formally diagnosed with any of the following? (Please check all that apply)

ADHD Generalized Anxiety Disorder (GAD) Depression Bipolar Disorder
 Post-Traumatic Stress Disorder (PTSD) Obsessive-Compulsive Disorder (OCD)
 Oppositional Defiance Disorder (ODD) Other

Are you currently on any prescribed medication?

In the past 3 months, have you experienced any of the following? (please check all that apply)

Difficulty sleeping Extreme anxiety Rapid mood swings Disordered eating
 Intense, negative thoughts Extreme depressed mood Panic attacks Extreme impulsiveness
 Extreme stress Substance/Alcohol abuse Other

To your knowledge, does anyone in your family struggle with any of the following? (please check all that apply)

Depression Anxiety Disorder Bipolar Disorder Schizophrenia Disordered eating Trauma
 Suicide attempts Panic attacks Substance/Alcohol abuse Other:

Have you ever experienced suicidal thoughts? Yes No

Do you currently experience suicidal thoughts? Yes No

Seeking Treatment:

What is your reason for reaching out for counselling?

Is there anything holding you back from treatment at this time (time restrictions, lack of support, personal or family beliefs, etc.)?

What changes are you hoping to see in your life from seeking counselling?

On a scale of 1 - 10, what is your current level of motivation to make changes in your life?

1 2 3 4 5 6 7 8 9 10

(Not at all)

(Somewhat)

(Extremely)

Is there anything else that you feel would be helpful for me to know?