



Meet your mind, change your world.

Client Intake Form

Please understand that these questions are asked with love and compassion. Some may be difficult to answer. You may wish to skip some of the questions and discuss them with me in person. Of course, all information is entirely confidential.

Name: _____

Mailing Address: _____

Town/City

Province

Postal Code

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Age: ____ Does Heather need to be discreet when leaving voice or emails? Yes No

Nationality: _____ Place of Birth: _____

First Language: _____

Passions/Interests/Hobbies:



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Education

- What was your experience with the education system growing up?
- Do you find learning easy? Hard? If it's hard, what makes it hard?
- Did you do any training or learning beyond High School – if so what? If not, why not?

Health

- How would you describe your physical health? Do you have any diagnosed or undiagnosed health concerns? Please describe the symptoms.
- Please list any medications you are currently taking
- Please briefly describe any surgeries and when they occurred:



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- Please describe any health-related information about your parents, if significant:

of Siblings:

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

Relationship with siblings growing up:

Now:



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Personal Issues

Please check if you currently have issues with the following:

- anxiety
- panic attacks
- depression
- over-analysis
- worry
- high or chronic stress
- compulsive behaviour
- phobias
- drug or alcohol dependency
- cigarette dependency – if you smoke, how many a day? ____
- guilt or shame issues
- anger issues – either repressing anger or exaggerated anger
- resentment and blame issues
- self-criticism or self beat
- criticism of others
- sexual molestation or abuse
- verbal or emotional abuse
- physical abuse
- people pleaser
- perfectionism
- procrastination
- feeling helpless
- feeling victimized
- control issues
- sexual issues
- other: _____



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- Have you ever sought treatment from a counselor, psychologist, psychotherapist, or psychiatrist? Please describe when, for what issues, for how long, and degree of effectiveness:

- Are you currently under the care of a counselor, psychologist, psychotherapist, or psychiatrist? Please describe what assistance you are receiving:

- How would you describe your self-care (including diet, exercise, meditation, vitamins, etc.)

- Please describe how you feel about your physical body and weight.

- What emotional support system do you have?



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- Are you in a committed relationship? Partner's Name:
- If so, please describe your relationship.

Please check if you HAVE issues with any of the following in your relationship. We will discuss the details in your session.

- | | |
|---|---|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> physical abuse |
| <input type="checkbox"/> safety | <input type="checkbox"/> control issues |
| <input type="checkbox"/> ability to be yourself fully | <input type="checkbox"/> feeling loved and supported |
| <input type="checkbox"/> ability to express yourself honestly | <input type="checkbox"/> intimacy |
| <input type="checkbox"/> communication | <input type="checkbox"/> feeling understood and heard |
| <input type="checkbox"/> ability to express emotions and anger safely | <input type="checkbox"/> partner is similar to mother |
| <input type="checkbox"/> betrayal, infidelity | <input type="checkbox"/> partner is similar to father |
| <input type="checkbox"/> sexual issues | <input type="checkbox"/> feeling equal |
| <input type="checkbox"/> emotional, verbal abuse | <input type="checkbox"/> getting needs met |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> loneliness |

- Who are you closest to? Please describe your relationship.

- Do you have children? Yes No

- Names and ages of children:



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- Do you have a spiritual belief system? Are you atheist? Religious? Please describe briefly.
- What are the 3 main issues you'd like to resolve in order of importance
- Why do you want to resolve these?
- What attempts have you already made to resolve these?
- Is there anything else you think I should know in order to better help you? Please describe.

Thank you for taking the time to complete this intake form. It helps me to better prepare for our session together. I look forward to working with you soon.