



Abby Napora Individual & Couple Counselling

Confidential Client Intake Form

Please take the time to fill out this form in advance. The information you provide will be useful to setting up an effective treatment plan for you.

Full Name: _____ My Preference: _____

Date of Birth: (mm/dd/yy) _____ Age: _____ Male: _____ Female: _____

Home Address: _____ City: _____ Postal Code: _____

Primary Phone: _____ Cell #: _____

Email: _____

Would you prefer appointment reminders by text or by email? _____

Occupation: _____ Work #: _____

Is it okay to contact you at work? _____

Name of General Practitioner: _____ Phone #: _____

Name of Emergency Contact: _____

Relation to you: _____ Phone #: _____

Where did you hear about me from? _____

Medications: _____

Reason that you are seeking counselling at this time?

Describe any major changes or crisis that you have experienced in the last year and how have you dealt with it?

Do you or have you had any suicidal thoughts or thoughts of harming yourself?

How would you hope for things to be different at the end of counselling?

Please share anything else that you feel is important for me to know?



A designation of BC Association of Clinical Counsellors