

## Alma Jobs Counselling Services CLIENT INTAKE FORM

| <b>Self:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female |  | <b>Partner:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female   |  |
|---|--|--|--|
| <b>Surname</b>  |  |  |  |
| <b>First Name</b>   |  |  |  |
| <b>Date of Birth</b>  | Mm/dd/yy   |  | Mm/dd/yy   |
| <b>Address</b>  |  |  |  |
| <b>Postal Code</b>  |  |  |  |
| <b>Home Phone</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Message OK?</b>  |  |  |
| <b>Work Phone</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Message OK?</b>  |  |  |
| <b>Alternative #</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Message OK?</b>  |  |  |
| <b>Employment</b>   | <input type="checkbox"/> Fulltime Employed<br><input type="checkbox"/> PT Employment<br><input type="checkbox"/> Retired/Disability<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Social Assistance<br><input type="checkbox"/> Employ Insurance<br><input type="checkbox"/> Homemaker<br><input type="checkbox"/> Student | <input type="checkbox"/> Fulltime Employed<br><input type="checkbox"/> PT Employment<br><input type="checkbox"/> Retired/Disability<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Social Assistance<br><input type="checkbox"/> Employ Insurance<br><input type="checkbox"/> Homemaker<br><input type="checkbox"/> Student |  |
| <b>Occupation/<br/>Profession</b>   | Title/Employer   |  | Title/Employer   |
| <b>Ethnicity<br/>Identification</b>   | <input type="checkbox"/> Canadian<br><input type="checkbox"/> Other (Specify)  |  | <input type="checkbox"/> Canadian<br><input type="checkbox"/> Other (Specify)                                      |
| <b>Religious<br/>Affiliation</b>  | <input type="checkbox"/> Practicing (optional-Church/Faith):<br>_____<br><input type="checkbox"/> Non-Practicing   |  | <input type="checkbox"/> Practicing (optional – church/faith):<br>_____<br><input type="checkbox"/> Non-Practicing |

### Educational

**Level:** (Self):  None  Grades 1-4  Grades 5-8  Grades 8-12  College/University  
 (Spouse):  None  Grades 1-4  Grades 5-8  Grades 8-12  College/University

### Children and Other Dependants in Home (elders, pets, etc.) (complete on back if required)

| Name | Relationship (son/daughter/step) | Date of Birth Mm/dd/yy |
|------|----------------------------------|------------------------|
|      |                                  |                        |
|      |                                  |                        |
|      |                                  |                        |
|      |                                  |                        |

**Relationship status (Self):**

- Married    Cohabiting    Separated    Divorced    Single    Widowed

**Service for:**

- Self    Couple    Family    Other (specify) \_\_\_\_\_

**Referred by:**

- Self    Peer/Friend    Phone Book    Doctor    Other Client    Family  
 Internet    Yellow Pages    Word of Mouth    Agency    Other (specify) \_\_\_\_\_

**General Health Condition:**

|  |  |              |  |
|--|--|--------------|--|
| <b>Family Physician:</b>                                 |  | <b>Tel.:</b> |  |
| <b>Medication/Dosage</b><br>(additional on back of page) |  |              |  |
|  |  |              |  |
|  |  |              |  |
|  |  |              |  |

**Previous Professional Mental Health Assistance:**

|                      |  |
|----------------------|--|
| Name of Professional |  |
| Dates (mm/yy)        |  |
| Reason for Service   |  |

- History of abuse**
- |   |                                    |                                    |                                     |                                    |
|---|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> physical                     | <input type="checkbox"/> emotional | <input type="checkbox"/> sexual    |                                     |                                    |
| Alcohol use <input type="checkbox"/> never            | <input type="checkbox"/> rarely    | <input type="checkbox"/> regularly | <input type="checkbox"/> frequently | <input type="checkbox"/> excessive |
| Non-medicinal drug use <input type="checkbox"/> never | <input type="checkbox"/> rarely    | <input type="checkbox"/> regularly | <input type="checkbox"/> frequently | <input type="checkbox"/> excessive |
| Suicide <input type="checkbox"/> none                 | <input type="checkbox"/> thoughts  | <input type="checkbox"/> plan      | <input type="checkbox"/> means      |                                    |

**Reason for present service:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What I would like to change or Issues I want to address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

