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DR. SHERRI BRUCE
REGISTERED PSYCHOLOGIST
#1458 INC.
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Cowichan Bay BC V0R 1N1

DR SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC.

Adult Intake Form

Welcome. I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is CONFIDENTIAL. If you have concerns or questions about the relevance of any information and wish to leave it blank, please do so.

Date: _____ Referral Source: _____

Client Name: _____

Sex: M ___ F: ___

Birthdate: _____

Age: _____

Home Telephone Number: _____ Work: _____

Is it ok to use email messaging? Yes/No

Email Address: _____

Address: _____

Marital Status: Single/Married/Divorced/Widowed/Separated/Common law

Children's Name & Ages: _____

Employment/Occupation _____



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Education (grade complete, any postsecondary): _____

Family Doctor's Name & Address: _____

Relevant Medical History (please describe any significant current or past medical problems): _____

Past Counselling Yes No When: _____
For: _____

Have you ever been hospitalized for a psychological difficulty?

Yes No

Type of counselling requested: Personal Couple/ Marriage
 Family

Do you have insurance or employee assistance coverage? Yes No, if yes, you may want to determine the number of sessions covered or the maximum payable per year and the method of reimbursement.

Emergency Contact: _____ Number: _____

Relationship to client: _____ Voice Mail: Yes/No
