1960 Falcon Crescent Cowichan Bay BC V0R 1N1

DR SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC.

Couple Intake Form (Different Address)

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: Re	ferral Source:
 Client Name: Client Name: 	
Gender: M F	Sex: M F:
	2 5
1. Birthdate:	Age:
2. Birthdate:	Age:
1. Home Telephone Number:	Work:
Can I leave a message, name _	
2. Home Telephone Number:	Work:
Can I leave a message, name _	
1. Email Address:	
2. Email Address:	
Client 1 Address:	
Client 2 Address:	
Marital Status:	

Children's Name & Ages:		
Client 1: Employment:		
Client 2: Employment:		
Client 1: Education (grade complete, any postsecondary): Client 2: Education (grade complete, any postsecondary):		
Client 1: Family Doctor's Name & Address:		
Client 2: Family Doctor's Name & Address:		
Client 1: Relevant Medical History (please describe any significant current or past medical problems):		
Client 2: Relevant Medical History (please describe any significant current or past medical problems):		
Client 1: Past Counselling Yes No When: For:		
Client 1: Past Counselling Yes No When:For:		
Have you ever been hospitalized for a psychological difficulty? ☐ Yes Client: ☐ No		
Type of counselling requested: ☐ Personal ☐ Couple/ Marriage ☐ Family		

Do you have insurance or employee assista	ance coverage? \square Yes \square No,	
Client		
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:	_	
•	_	