Cheryl M. Bradshaw, R.P.

Intake Form

Welcome to counselling, psychotherapy, and life coaching services with Cheryl M. Bradshaw. Please complete this intake form, and be sure to flip over to the back as well.

Before you get started, I wanted to remind you of your rights as a client. Your comfort is of primary importance to me, so I want you to know that you always have the right to:

- be treated with respect at all times.
- ask questions about anything that occurs during counselling.
- choose to not participate in any counselling technique suggested by your counsellor.
- end counselling at any time without any obligations other than paying for sessions already completed or other outstanding fees.
- complete confidentiality, within the limitations that you can review on the consent form.
- view all records in your file at any time you choose and discuss any factual corrections.
- have all or part of your records released to any person you choose.
- share any complaints you may have about services with your service provider or the CRPO.
- request a referral to other services.

Last Name: _____ First Name: _____

Date of Birth(D/M/YR): _____/_____/_____ Age:_____ Gender: _____

Email: _____ Occupation: _____

Best Contact #:_____ Is it okay to leave a message? Yes ☐ No ☐

Address: _____ City: _____Province:_____ Postal:_____

Marital Status: ☐ Single ☐ Married ☐ Common-Law ☐Divorced ☐In a Relationship

Do you have any children? (Yes/No) If so, how old? _____

How did you locate services with Cheryl? _____

Have you seen a counsellor/therapist elsewhere before? Yes ☐ No ☐

If yes, how long ago did you see a counsellor (approximately)? _____

In your own words, what brings you into counselling? _____

_____

_____

_____

What is your goal in coming to counselling? _____

_____

_____

Please Turn Over

Today's Date: _____

How much are your concerns impacting your life? (1= lowest impact and 10= highest impact)

1 2 3 4 5 6 7 8 9 10

I am experiencing difficulties with: (check all that apply)

- ☐ Academic or work performance
- ☐ Alcohol/Drug Problems
- ☐ Anger Management/Violence
- ☐ Assault/Abuse → Emotional, Physical, sexual
- ☐ Depression
- ☐ Eating Problems/ Weight/ Body Image
- ☐ Family Relationships → past, current
- ☐ Living Arrangements
- ☐ Loss/Grief
- ☐ Sexuality
- ☐ Sleep
- ☐ Social Relationships
- ☐ Stress/Anxiety
- ☐ Harassment
- ☐ Other _____

And this is causing me to (check all that apply):

- ☐ Feel concerned enough that I would like to speak to a counsellor.
- ☐ Feel concerned for my own, or someone else's safety.
- ☐ Have thoughts or plans of harming other people.
- ☐ Have thoughts of wanting to die or of death, but no current plan.
- ☐ Have definite thoughts of suicide with a plan.

Other: _____

Is there any other information you want to share, or you feel I should know, before we get started? _____

_____

_____

_____

_____

_____

_____

Thank you for filling out this intake form. It will be kept in your confidential file. Please be sure to also fill out the consent to counselling form, electronic consent form, and the consent to fees and payment form, and to read all forms thoroughly. Feel free to ask any questions you may have before you get started in your session.