

CHERYL M. BRADSHAW, R.P.

Youth 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: _____
Best Contact #: _____ Is it okay to leave a message? Yes No
If under age 18, emergency contact number: _____
Emergency contact's relationship to you (i.e. mom, dad, etc.) _____
Address: _____ City: _____ Province: _____ Postal: _____
What grade/year are you in? _____ What school do you go to? _____
How did you find out about 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)

- | | |
|--|---|
| <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Living Arrangements |
| <input type="checkbox"/> Alcohol/Drug Problems | <input type="checkbox"/> Loss/Grief |
| <input type="checkbox"/> Anger Management/Violence | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Assault/Abuse → Emotional, Physical, sexual | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Social Relationships |
| <input type="checkbox"/> Eating Problems/ Weight/ Body Image | <input type="checkbox"/> Stress/Anxiety |
| <input type="checkbox"/> Family Relationships → past, current | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> 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, the electronic communication consent form, and the consent to fees and payment form, and to read each form thoroughly. You may also want to review the FAQ form for parents, so that you know what they will be reading as well.

Feel free to ask any questions you may have before you get started in your session.