



Allyson Lucas, MDiv, RP
351 Charlotte Street, Ste.202
Peterborough, ON K9J 2W1
Voice/Text: 705-768-8703
Email: northstartbo@gmail.com
Website: www.northstartbo.ca
Facebook: @northstartbo

Adult Intake Form

Note: *Revealing personal information to a stranger can leave you feeling vulnerable. The reason I'm asking these questions is that the more relevant information I have about you, the better I can assess how we may be able to work together. Thank you for sharing this information with me. Allyson*

Full Name:

Today's date:

Address:

Date of Birth:

Age:

Place of birth:

Ethnicity:

Home phone:

OK to phone?

OK to leave message?

Work phone:

OK to phone?

OK to leave message?

Mobile phone:

OK to phone?

OK to leave message?

Email address:

Emergency contact (name and number):

Occupation:

Employer:

How did you hear about us?

Form of payment (circle one):

- Private
- EAS
- Shalem
- VQRP
- NIHB
- Other _____

Are you affiliated with a faith community?

Relationship status:

- Never married
- Single
- Common-law partnership
- Married
- Separated
- Divorced
- Widowed

Who are the members of your household?

Names	Ages	Relationship to you

Who/what are your social supports? (individuals, clubs, organizations, faith-based groups)

Have you ever experienced any of the following?

- Chronic illness
- Incarceration
- Lack of friends
- Suicidal thoughts
- Suicide attempt(s)
- Learning disability
- Non-prescription drug use
- Alcohol consumption
- Terminal illness
- Other _____

What is your learning style? (please check each one that applies)

- Visual (pictures, images)
- Aural (listening, sound, music)
- Verbal (prefer words in speech and writing)
- Physical/kinesthetic (doing – using body, hands, sense of touch)
- Logical/mathematical (prefer logic, reasoning, systems)
- Social (in groups or with other people)
- Solitary (work alone, self-study)

What is the name of your primary care physician?

Date of your last medical examination:

Please list any current medical problems or physical challenges:

Please list any medications you take on a regular basis:

Are you currently (or in the past) seeing another mental health professional (private or community)? If so, please name.

If you have ever been prescribed psychiatric medication, please list:

Please check the symptoms that you are currently experiencing.

severity of symptom: 0 (none) 1 (mild) 2 (moderate) 3 (severe)

SYMPTOM	SEVERITY	DURATION (How long?)
sadness		
depression		
suicidal thoughts		
sleep problems		
anger		
changes in appetite		
weight change		
inability to concentrate		
obsessive thoughts		
tension and anxiety		
panic attacks		
memory problems		
compulsive behaviours		
feelings of hostility		
acts of violence		
social isolation		
strange thoughts		
stomach aches		
headaches		
phobias/fears		
other		
other		

OTHER HISTORY:

Have you ever experienced any type of abuse (physical, sexual, or verbal)? If so, please describe briefly:

Have you ever wanted to harm yourself?

Have you ever made statements of wanting to seriously harm someone else?

If yes to either question, please describe the situation:

Have you ever experienced any serious emotional losses (such as a death of, or physical separation from, a parent or other caregiver)? If yes, please explain:

Are there any other agencies involved with you or your family (child welfare, probation, court, etc.)?

STRENGTHS (List interests and accomplishments. What do you enjoy doing? What do you do well?)

What are your concerns?

How long have these issues existed?

What attempts have been made to resolve the difficulties?

Have there been any significant stressors in your life (losses, births, deaths, moves, hospitalizations, financial problems, traumatic events) in the past several years?

OTHER CONCERNS:

Do you have any other concerns about you or your family that you have not mentioned yet?

THERAPEUTIC GOALS:

From what you have shared thus far, what issues would you like to approach FIRST? How much change needs to happen for you to be satisfied? Please be clear and specific.

Thank you so much for taking the time to fill out this form. We appreciate it.