



Client Intake Form Spero Counselling Services

Personal Information

Full Name _____

Date of Birth (M/D/Y) _____ Age _____ Gender Male Female

Address _____ City _____ Province _____

Postal Code _____ Email address _____

Phone Numbers:

Daytime (_____) _____ Message ok? _____

Evening (_____) _____ Message ok? _____

Relationship Status: Single Married Common-law Divorced Separated Widowed

Occupation/ Profession: _____

If presently unemployed, describe the situation:

Religious affiliation: _____ Is this an important part of your life? Y/N

Emergency Contact _____ Relationship _____ Phone _____

Physical/Medical History

Family Physician: _____ Phone: _____

Overall Physical Health Excellent Good Fair Poor

Current Medications (prescription and over-the-counter) _____

Have you ever been given a mental health diagnosis from a mental health professional? (Depression, Anxiety, OCD, etc.) Yes No

If yes, please list diagnosis _____

Have you ever had thoughts of suicide? When? _____

Do you currently have thoughts of suicide? _____

Have you ever attempted suicide/ other self-harm behaviors? _____

What is your current level of stress on a scale of 1-10 with 10 being high? _____

To what degree do your family/friends support you on a scale of 1-10 with 10 being high _____

Previous Professional Mental Health Assistance

Have you been in counselling before? Yes No

If yes, reason for counseling:

Outcome: _____

Reason for Present Service

Reason for counselling: _____

Where do you want to be at the end of our work together: _____

Please circle any of the following strengths you have:

Confident	Hard worker	Organized	Sympathetic
Dependable	Good listener	Sensitive	Logical
Loyal	Gracious	Responsible	Sense of Humor
Patient	Decisive	Understanding	Dedicated
Other _____			

Were you referred by someone else for counseling? Yes No

Referral source: _____

I certify that the above information is correct to the best of my ability and I give permission for Janina Kanonas Fenton to contact the person I listed as an emergency contact in the event of an emergency:

Signature _____ Date _____