Counseling Intake & Consent Form

Practice Name	
Counselor	

Client Information	
First & Last Name	
Date of Birth	
Preferred form of contact (email / home phone / cell phone)	
Email	

Presenting Concerns	
What brings you to counseling at this time?	
How long have you been experiencing these challenges?	
How have you been coping with these challenges until now?	
What would you like to gain from this experience?	
Do your current challenges impact the following areas?	☐ Yes ☐ No
If yes, which areas have been impacted:	☐ Work — notes: ☐ Self (relationship with yourself) — notes: ☐ Financial — notes: ☐ Health — notes: ☐ Relationships (friends & family) — notes: ☐ Legal — notes: Other (not listed above):

Wellbeing – Current and historical	
Have you ever been diagnosed with an illness?	☐ Yes ☐ No
If yes, please explain:	
Have you experienced any major traumas in the past?	☐ Yes ☐ No
Comments:	
Have you ever had thoughts of suicide or attempted suicide?	☐ Yes ☐ No
In the last three months:	☐ Yes ☐ No

Relationships	
What is your current relationship status?	☐ Single ☐ In a relationship ☐ Married / Common-law ☐ Separated / Divorced ☐ Widowed ☐ Other: _____
In general, how satisfied are you in your relationship?	Rate on a scale from 1–10 (1 being very dissatisfied and 10 being extremely satisfied) 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Comments:	
List all persons currently living in your household (name and relation). Indicate "none" if you live alone. List age only for children if applicable.	

Stress	
What level of stress do you feel you are experiencing at this time?	Rate on a scale from 1–10 (1 being low and 10 being extremely high) 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
What are the major causes or factors of your stress? Check all that apply.	☐ Financial ☐ Family ☐ Spiritual ☐ Career ☐ Relationship ☐ Pre/Post-Natal Changes

	☐ Health ☐ Personal ☐ Other
If other, please explain:	
How do you experience stress? How does it manifest itself?	
What helps you to manage your stress? Do you use any coping mechanisms?	
How would you describe your feelings about your overall wellness in one sentence?	
Do you actively participate in any spiritual practices? (i.e. personal practice, religious group, healing, meditation)	☐ Yes ☐ No
If yes, please explain.	
How many hours do you sleep on average each day? (including naps)	
Do you have trouble falling asleep?	☐ Yes ☐ No ☐ Sometimes
Staying asleep?	☐ Yes ☐ No ☐ Sometimes

Consent form

PLEASE READ THE FOLLOWING CONSENT FORM AND SIGN BELOW:

Counseling provides a space and opportunity for you to explore behavior, relationships, feelings, or thoughts, which trouble you and cause difficulty in your life. Counseling is also a legitimate source of support in a crisis or during a difficult time. Counseling can bring deeper personal insight and awareness, better ways of understanding and coping with problems, and improved relationships. You should know, however, that counseling sometimes requires that you be willing to examine difficult topics or times in your life, to experience stronger than usual emotions, and to try out new and different behavior. If you ever have questions about the pacing / intensity of our work, please do ask me.

Personal information gathered in the course of counseling will be used in accordance with the purposes outlined in the paragraph above and will not be disclosed except in cases of the exceptions outlined below.

Confidentiality is a key to the effectiveness of the counseling process, so the personal information you share in counseling will be kept confidential. Confidentiality continues after the end of the counseling relationship.

There are, however, some exceptions to the counselors duty of confidentiality, in particular:

- (a) If it is my opinion that a child is or may be at risk of abuse or neglect, or in need of protection;
- (b) If it is my opinion that you or another person is at clear risk of imminent harm
- (c) If I am called to speak in legal matters where keeping confidentiality would be in contravention of the law

I occasionally discuss my work with other counselors. While I may disclose information for the purpose of a professional consultation, your identity will remain confidential.

If you have any questions or concerns about how the counselors personal information policies and procedures apply, please ask.

In counseling, it is your right at any time to:

- (a) have a review of your progress and of any of the topics in this form;
- (b) be provided with a referral to another counselor or health professional;
- (c) withdraw consent for the collection, use, or disclosure of your personal information, except where precluded by law;
- (d) end the counseling relationship by so advising the counselor;
- (e) access or obtain a copy of the information in your counseling records, subject to legal requirements.

Your right of access to or to obtain a copy of your personal information continues after the end of the counseling relationship.

Concerns
If you have a concern about any aspect of your counseling, you are requested to first address it with your counselor. If this is impossible or unsafe, or if your concern is not resolved through discussion, you may contact your treating therapist's regulatory or professional association in writing.

By signing below, I confirm that I have read and understood the consent form above.

Client Signature:	
Date:	

This template was adapted from a real intake form used by therapists on Jane. Customize it to reflect your practice's policies, branding, jurisdiction, and scope of practice.