

Hearts and Minds Counselling Inc.  
304 Toronto St. Unit 207  
Uxbridge, Ontario  
L9P 1Y2  
heartsandmindscounselling.ca  
289- 640- 1755

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**Intake Form**

**The following information will be kept in your confidential file**

Full Legal Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Language Spoken/Written: \_\_\_\_\_

Date of arrival to Canada if applicable: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Contact #: \_\_\_\_\_ (Home/ Cell)

Email address: \_\_\_\_\_

To reschedule an appointment: Where can I call? \_\_\_\_\_

Where can I leave a message on an answering machine? \_\_\_\_\_

Can I leave a message with someone at this number? \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name of Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Contact #: \_\_\_\_\_

Whom may I contact in the event of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Contact #: \_\_\_\_\_

Do you have any health concerns?

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How would you describe your sleep?

Very Disruptive   Satisfactory   Good   Very Good

Do you have sleep concerns?   Yes   No

How would you describe your physical fitness level?

Well Below Average   Below Average   Average   Above Average   Well Above Average

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Are you currently taking any medication? If so, please list them below and include over the counter medications if taken at least once per week.

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Have you ever been hospitalized for mental health related difficulties? Yes No

Have you ever attempted suicide? Yes No

Have you ever engaged in cutting behaviour? Yes No

Have you ever intentionally harmed a person physically? Yes No

Have you ever intentionally harmed an animal? Yes No

How often do you drink alcohol? \_\_\_\_\_ How much? \_\_\_\_\_

How would you describe your use of alcohol?

No concerns   Some concerns   Definite concerns   Unsure

How often do you use illegal drugs? \_\_\_\_\_ How much? \_\_\_\_\_

No concerns   Some concerns   Definite concerns   Unsure

Have you sought out psychological services in the past? If so, please describe below.

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