



**Assessment and Intervention Intake Form - Counselling**

Date of Inquiry: \_\_\_\_\_

Client's name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian (if client is under 18 years of age):

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Presenting concern:

\_\_\_\_\_  
\_\_\_\_\_

History of concern:

\_\_\_\_\_  
\_\_\_\_\_

Has the client received counselling previously?

\_\_\_\_\_  
\_\_\_\_\_

What would your goals for counselling be?

\_\_\_\_\_  
\_\_\_\_\_

Availability for counselling:

M      T      W      R      F      S

Daytime

Evenings

Weekends

**\*\*\*Reminder: Fee per hour is \$125/hr\*\*\***