



Mental Health Counselling- Intake Form

Practitioner: Laura Boileau, M.A.

First Appointment: Date_____ **Time:** _____

Have you been refereed by an employee support program? ☐ Yes ☐ No

Gaia Consent Form Signed: ☐ **In-Office Confidentiality Form Signed:** ☐ (done within the visit)

Type of Counselling Requested:

☐ Individual ☐ Child/Adolescent (Age_____) ☐ Family ☐ Couple ☐ Other:_____

Have you engaged in any form of Counselling previously? ☐ Yes ☐ No

If yes, what was helpful and unhelpful about it?

Nature of Current Concern(s):

Please Check any of the following that may apply

IRS Self		IRS Family		Grief		Loss	
Mood		Anxiety		Sleep		Depression	
Irritability		Anger		Stress		Work/Occupation	
Relationships		Self-Esteem		Social		Memory	
Concentration		Energy		Motivation		Appetite/eating habits	
Worry		Chronic Pain		Alcohol		Illicit drug use	
Suicide		Medication Use		Safety		Emotional Distress	

Are you under the care of any other practitioners for your concern(s)? ☐ Yes ☐ No



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What do you consider to be your strengths?

What do you like most about yourself?

What effective coping skills have you learned?

What are your goals for therapy?