



## Counselling & Mediation Intake Form

Client Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Okay to contact you at . . . Home?  Cell?  Work?  E-mail?  (Check all that apply)

How did you hear about Bow Valley Counselling & Mediation? Web search  Theravive

Professional referral  Personal referral  Advertisement  EAP referral  Other

Name of Referral Source, if you wish to share this info: \_\_\_\_\_

**Other Household Members** (complete if relevant to therapy)

First Name	Last Name	Gender (M/F)	Date of birth (mm/dd/yy)	Relationship To You

Primary purpose for seeking out counselling or mediation?

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

Do you have any concerns about your own or another's safety? Yes  No

If yes, please explain. \_\_\_\_\_

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

Is there a health condition or diagnosis that may affect counselling? If so, please describe.

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

**FOR MEDIATION & COUPLES COUNSELLING CLIENTS ONLY**

Are you here voluntarily? Yes  No

Has separation already occurred? Yes  No  If yes, provide date \_\_\_\_\_

Have court proceedings already taken place? Yes  No

If yes, please describe. \_\_\_\_\_

Have you been working with a lawyer? Yes  No  If yes, complete below.

Lawyer Name: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you discussed mediation with your lawyer? If yes, please describe lawyer's response.

**FOR CHILD & ADOLESCENT CLIENTS ONLY**

Is there another parent who is not living in the household? Yes  No

If yes, please describe the current custody arrangement and/or most recent court order.

Has the other parent been consulted about counselling? Yes  No

Would s/he be willing to sign consent for therapy? Yes  No

Other Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Have there been other workers, therapists, physicians or support people involved with your child? If so, please describe.

*I have provided the above information honestly and accurately to the best of my knowledge. I hereby request and authorize Bow Valley Counselling and Mediation to provide the requested services and agree to pay the appropriate fees as outlined to me.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_