

Client Intake Form

Name: _____

Address: _____

City: _____ Province: _____ Postal: _____

Contact information:

Home phone: _____ Work phone: _____

Cell phone: _____ Is text okay? Yes No

Email: _____

Preferred method of communication: phone text email

Emergency Contact Person: _____ Phone: _____

Date of birth: _____

Family doctor: _____

Medications: _____

Status: Single Relationship/dating Common-law Married
 Separated Divorced Widow

Current Problem/Daily Challenge:

Counselling goals:



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