

INNERWAVES COUNSELLING INTAKE FORM

*(If filling out on line and sending, please sign and date. Especially do not put date of birth, medical number or address phone number or any personal information you would not want online.) Note: * We will discuss online!! You may transfer the signed file to me at the first session through our online platform.*

Name: _____

Name you wish to be called: _____

*Address: _____ City or Town: _____

Province: _____ Postal Code: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

Can I leave a message at any of these phone numbers? _____

Reasons I may call include setting up appointments or checking on your progress.

If you agree please check YES _____

*Birthdate: _____ Age _____ (Do not fill out online)

Physician: _____

*Health Problems: (We will discuss at session) _____

*Medications: (We will discuss at session) _____

*If on medication what is the reason? (We will discuss at session)

Allergies: _____

Involved in any treatment:

Innerwaves Counselling Intake Form

Physician Homeopath Massage therapist Naturopath
 Chiropractor Physical therapist Acupuncturist Other: _____

Referred by: Friend Family Member Sask Tel phone book Internet
Other

Current Occupation: _____

Place of Employment: _____

Education: Elementary: _____ High School: _____
 University: _____ Other: _____

Single Married Common-Law Separated Divorced

Widowed

Name of partner or spouse _____ Age _____

Previous Marriage(s): Yes No

Family of Origin

Mother's name _____ Age _____

Father's name _____ Age _____

Sibline (Birth order including yourself. Please include names & ages)

Your Children (Birth order. Please include names & ages)

Step-Children (Birth order. Please include names & ages)