

# GUELPH PSYCHOLOGISTS INTAKE FORM

ALL INFORMATION YOU ARE PROVIDING IS STRICTLY CONFIDENTIAL

## CONTACT INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ (day/month/year) AGE \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_  CELL \_\_\_\_\_

WORK \_\_\_\_\_ EMAIL \_\_\_\_\_

✓ PLEASE INDICATE WITH A CHECK MARK AT WHICH NUMBER(S)/MAIL WE MAY LEAVE MESSAGES

✓ IS IT OKAY TO USE YOUR EMAIL ADDRESS TO CONTACT YOU? NO \_\_\_\_\_ YES \_\_\_\_\_

## PERSONAL INFORMATION

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ CHILDREN (names/ages) \_\_\_\_\_

## MEDICAL/PSYCH HISTORY

RELEVANT MEDICAL ISSUES \_\_\_\_\_

CURRENT MEDICATIONS & DOSAGES \_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Have you had previous counselling/therapy? NO \_\_\_\_\_ YES \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE**

If YES, for what period of time? \_\_\_\_\_

How long ago? \_\_\_\_\_

What was the result?(i.e., very helpful, not helpful, "didn't work", etc.) \_\_\_\_\_

Are you here for the same issue? NO \_\_\_\_\_ YES \_\_\_\_\_ MAYBE \_\_\_\_\_

Please indicate your referral source:

- \_\_\_\_\_ Family physician
- \_\_\_\_\_ Lawyer
- \_\_\_\_\_ Insurance Company
- \_\_\_\_\_ WSIB
- \_\_\_\_\_ Friend
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Other

Would you like feedback to be provided to your physician  Yes  No  Undecided

**EMERGENCY CONTACT**

Person to contact in an emergency \_\_\_\_\_

Phone number(s) \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE NOTE**  
**INFORMATION CAN ONLY BE TRANSMITTED OUT OF THIS OFFICE**  
***WITH YOUR WRITTEN APPROVAL***

**FOR OFFICE PURPOSE ONLY:**

Printed information: \_\_\_\_\_ Cancellation Policy: \_\_\_\_\_ Quoted Fee: \_\_\_\_\_

Limits of Confidentiality discussed: \_\_\_\_\_ Privacy Policy info provided \_\_\_\_\_

WSIB \_\_\_\_\_ HCAI \_\_\_\_\_ Legal case pending \_\_\_\_\_ Direct billing to insurer: \_\_\_\_\_

Assessment only \_\_\_\_\_ Assessment/Treatment Planning \_\_\_\_\_ IME \_\_\_\_\_