MANIFEST COUNSELLING

General Intake Form

Date:________________

Name/ Name of Child:

____

(M) (F) (Preferred Pronoun ____)

Date of Birth (D/M/Y): ________________ Age: _______

Address:____

Postal Code:__________________

Phone: Please check the box if we can leave a voice message at this number

❑ (hm):___________________ ❑(cell)__________________

E-mail:

____

Please select as many that apply to you or your child:

Student/Taking Courses	❑
Employed/Self Employed	❑
Retired	❑
Caregiver/Parental Leave	❑
Work within the Home	❑

Brief Medical History

Are there any conditions that are significant in your family's medical history? (*e.g. heart disease, cancer, stroke, high blood pressure, kidney disease, diabetes, asthma, ulcers, mental/emotional disorders, etc*.)

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____

____

Please list any allergies for you/your child:

____

____

____

Are you/your child currently taking any prescription medications? Please list below:

____

____

____

Please select the items below that pertain to you or your child:

Endocrine/Hormonal System

❑Fatigue
❑Insomnia
❑Disturbed sleep
❑Frequent dreams ❑Excessive sleep
❑Nightmares ❑Weight Loss ❑Weight Gain ❑Hypothyroid ❑Hyperthyroid
❑Night sweats
❑Daytime excessive sweating

Other ____

Skin

❑Rashes
❑Hives
❑Psoriasis

Other ____

Head and Neck

❑Migraines ❑Dizziness
❑Jaw pain

❑Headaches: (please describe the location and type of pain below)

____
____

Eyes, Ears, Nose

❑Failing vision
❑Blurred vision
❑Ringing in the ears ❑Nosebleeds

Other ____

Muscles and Joints (pain, weakness, or numbness in):

❑Neck ❑Shoulder/arm ❑Hips ❑Legs/Feet
❑Lower Back ❑Upper Back ❑Muscle cramps ❑Body pain
❑Swollen joints

Nervous System

❑Fainting
❑Paralysis ❑Tremors
❑Poor balance ❑Seizures

❑Other ____

Heart, Lungs & Chest

❑Palpitations ❑Chest pain ❑Chest tightness ❑Rapid heart beat ❑Irregular

heart beat ❑Short of breath ❑Asthma/wheezing ❑Frequent colds

Digestive System

❑Nausea
❑Vomiting
❑Diarrhea
❑Constipation
❑Poor appetite ❑Acid reflux ❑History of eating disorder

Urinary/Genital

❑Frequent daytime urination ❑Frequent Nighttime urination ❑Low sex drive ❑Excessive sex drive ❑Erectile Dysfunction ❑Painful Intercourse

Female

❑Irregular periods ❑Painful periods ❑Difficulty with PMS
❑Difficulty with Menopausal symptoms ❑Reproductive issues
❑Miscarriage ❑Abortion Other
____

Stress

What is you or your child's level of stress out of 10?

10 = MAXED 0 = NONE

Personal: /10

Occupational/School Related: /10

When you, or your child, are under stress what is the most common emotional response? Please check all that apply

❑sadness ❑anger ❑worry ❑anxiety ❑depression ❑fear

Other: ____

Please check any of the stressors that currently apply to you or your child:

❑change of job ❑change of school ❑change of home ❑major physical health condition ❑separation or divorce ❑victim of abuse ❑victim of assault ❑victim of violence ❑grief or loss ❑bullying ❑body image issues ❑domestic violence ❑financial instability ❑homelessness ❑settlement issues ❑seeking refuge in Canada due to torture ❑immigration status issues ❑facing incarceration ❑probation issues ❑legal issues ❑Children's Aid involvement ❑foster care or adoption related issues ❑substance use issues ❑alcohol use issues ❑eating disorder

Other:

____

____

Additional Information

How did you connect with Manifest Counselling:

❑Self Referral ❑Physician's Referral ❑School or Workplace Referral ❑Community Agency Referral ❑Internet Search ❑Social Media ❑Personal Recommendation ❑Other

Are you interested in:

❑ Online Counselling

❑ In Person Counselling

*please see the details about each option above in the Counselling section of the website

Will you require an adjusted rate?: ❑Y ❑N

If YES, please indicate what is manageable for you at this time, and we will try our best to accommodate an

arrangement that works for your needs.

____

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*please see details and information about rates and fees in the Services and Fees section of the website

What is your preferred mode of contact?

❑Phone ❑Email

What, if any, are your expectations for our work together?

____

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Thank you for the completion of this information ☺️