

VISTA

AN EXTENSIVE VIEW

Intake Form (Client administered)

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Ph: (519) 791-8313

Name: _____

Home Phone: _____ Cell Phone: _____

May we leave a voice message identifying ourselves as Vista?

Yes ___

No ___

Address _____

Email Address: _____

Date of Birth: _____

Marital Status: Single ___ Married ___ Widowed ___ Divorced ___ Separated ___ Common

Law ___ Engaged ___ Partners ___

Address of partner (if different from yours):

Do you or your partner have insurance that covers Social Work Services?

Myself ___ My Partner ___

Please note: I do not bill directly to your insurance provider unless you are with Greenshield. I will provide you with a receipt which you can then use to submit for reimbursement.

How did you find out about Vista? Who referred you?

Client ____ Family or Friend ____ Court ____ Employer ____ Lawyer ____ School ____

Other ____ Self (includes yellow pages and internet) ____ Union Rep ____ Supervisor

Colleague ____

Physician or Healthcare Professional (please provide name)

Children or Dependents

First Name

Last Name

Relationship

Age

What do you want to talk about in counselling? State your main concerns:

How long has the problem been going on?

Is it getting better or worse? How?

Are you currently taking medications? Please explain:

Is there a concern about alcohol, drug abuse or overuse of non-prescribed drugs? Please explain:

Is there a concern about violence in your life? Either from you or towards you? Please explain: How concerned are you about violence on a scale of 1-10 (10 being the worse)

Is there any concern about suicide? Please explain:

How concerned are you about suicide on a scale of 1-10 (10 being the worst) _____

IF YOU EVER NEED TO TALK TO SOMEONE BEFORE YOUR APPOINTMENT PLEASE CALL CALL HOTEL DIEU 24 HR CRISIS LINE AT 519-973-4435, OR CALL OR TEXT 988.

Have you ever had counselling before?

Yes _____

No _____

Where did you receive counselling?

What was it concerning?

When did you go?

Was it helpful? Why or Why Not?