

Client Intake Form Conexus Counselling

Personal Information

Full Name: _____ DOB: _____ Age: _____

Address: _____ Postal Code: _____

Home Phone: _____ Yes No **Message OK?**

Work/Alternative #: _____ Yes No **Message OK?**

Email Address: (optional) _____ (Please print clearly)

Occupation/Profession: _____ How long? _____

If presently unemployed, describe the situation: _____

Education Level:

None Grades 1-4 Grades 5-8 Grades 8-12 Post Secondary _____

Religious upbringing: _____ Present Affiliation: _____

Is this an important part of your life? Y/N

Marital Status: _____ # of marriages: _____ Spouse's name: _____

Living with a partner? Y/N How long: _____ Partner's name: _____

Education level of spouse/partner:

None Grades 1-4 Grades 5-8 Grades 8-12 Post Secondary _____

Your children:
#1 M F Age: _____
#2 M F Age: _____
#3 M F Age: _____
#4 M F Age: _____

Dependents in home (children, elders, pets, etc.) (complete on back if required)		
Name	Relationship	DOB (mm/dd/yy)

Family Information

Where were you born? _____ How long there? _____ Ethnic identification: _____

Your siblings:
#1 M F Age: _____
#2 M F Age: _____
#3 M F Age: _____
#4 M F Age: _____
#5 M F Age: _____
#6 M F Age: _____

Father alive? Y/N Where residing: _____

Profession: _____ Relationship: _____
Poor Excellent

Mother alive? Y/N Where residing: _____

Profession: _____ Relationship: _____
Poor Excellent

Parents divorced? _____ If yes, what year? _____ Your age at the time: _____

If deceased, what year? _____ Your age at the time: _____ Cause of death: _____

