

## Client Intake Form Bergen & Associates Counselling

**Personal Information**

Male       Female

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 \_\_\_\_\_

<b>Your children:</b>
#1 M F Age:
#2 M F Age:
#3 M F Age:
#4 M F Age:

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

**Family Information**

Where were you born? \_\_\_\_\_ How long there? \_\_\_\_\_ Ethnic identification: \_\_\_\_\_

<b>Your siblings:</b>
#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: \_\_\_\_\_

