Living Systems Client Intake Form

CLIENT INFORMATION: PART A

Client #: _____ (Returning client y/n?) Session Date: _____/_____/_____
Supplied by Office D M Y

Counsellor: _____

Office location **(circle):** *Marine Dr *Kits *Cambie/41st *Commercial Dr *W.Broadway

Annual or monthly Income (gross): _____ Fee: $_____

#Other persons in session with client:____ Relationship(s)_____/_____

Top 1 or 2 reasons for seeking counselling *(***circle**): depression/anxiety death illness financial relationship job couple issue addiction sex parenting stress other/explain _____

CLIENT INFORMATION: PART B

M / F **(circle)** Last Name:_____ / First Name _____
(use same form if couple)
M/ F **(circle)** Last Name: _____ / First Name _____

Address: _____

City: _____ **Postal Code**: _____
If North Vancouver, clarify City or District

E-mail address: (if would like to receive quarterly newsletter/conference information) _____

PH #'s: _____ / _____ Age (optional):_____

Language(s) (optional other than English) _____ Religion_____

REFERRAL INFORMATION: PART C

Is this a new referral source? Circle YES or NO

Referred by: (circle) Doctor Minister/Church Social Agency Yellow Pages Lawyer

Drop-in Centre Private Counselor Employee Assistance Another Client/Friend

Living Systems Website Other Website (specify) _____ Other: _____

Name of referral : _____

Address of referral: _____

Mail thank you letter/counselling brochures? Circle YES or NO

Please note: *Information collected on this form is confidential and may be used for grant application purposes
*returning clients from 2000 or earlier should be assigned a new client number *information that is incomplete or illegible will affect data collected
*if couple becomes separated or divorced request new client number for one of them