

Confidential Intake Form

Please answer the following questions in order to provide me with an understanding of your history and situation and email to alix@peacemind.ca or bring with you completed on first session.

- What brings you to Peace of Mind? What are you hoping to experience/achieve as a result of attending therapy?
- Briefly describe your previous experiences with counselling/mental health/addiction treatment, and what year(s) you attended:
- Are you taking any prescription/herbal aids to get you through the day? Please list
- Typical habit patterns of alcohol and/or drug usage over the past 2 months:
- Typical sleeping patterns over the past 2 months:
- Typical eating patterns over the past 2 months:
- Typical mood/emotional states over the past 2 months:
- Typical screen time in a day: (TV, computer, texting)
- How are you active daily?
- Are you experiencing current thoughts/feelings of self-harm and/or suicide? (circle) yes no
- Have you experienced thoughts/feelings of harm towards yourself in the past? (circle) yes no
- Please briefly list any current and past experiences of physical, emotional, and sexual abuse, and any experiences of a traumatic nature and what age they may have occurred:

Please be assured that what you share in our sessions is confidential. There is practically nothing more important in therapy than confidentiality. Our sessions are a safe place for you to express yourself and to be listened to without judgement. With feelings of security and trust our therapeutic relationship can help you to unravel your life challenges with courageous courage.



**PEACE
OF MIND**
COUNSELLING & THERAPY

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**Please tell/draw a picture me about your family of origin (with lines negative - - and positive ---)
by drawing a family tree so together we can discuss your family connections—and also friends.**