



Intake Form (Client administered)

Amy Mullins, R.S.W.
1303 County Rd 22
Lakeshore, ON, N0R 1A0
Ph: (519) 791-8313

Name: _____

Home Phone: _____ Cell Phone: _____

May we leave a voice message identifying ourselves as Vista?

Yes ___

No ___

Home Address: _____

Email Address: _____

Work Phone: _____

May we leave a voice message at your place of employment identifying ourselves as Vista?

Yes ___

No ___

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 direct to your insurance provider. 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) _____

Do you have someone you can talk to about it? Who?

**IF YOU EVER NEED TO TALK TO SOMEONE BEFORE YOUR APPOINTMENT PLEASE
CALL THE DISTRESS CENTRE AT 519-256-5000 OR CALL HOTEL DIEU 24 HR CRISIS
LINE AT 519-973-4435**

OR VISIT THEIR WEBSITES <http://www.dcwindsor.com/> or <http://www.hdgh.org/crisis>

Is there any concern about gambling? Please explain:

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?