

# Melanie Perron Counselling

## INTAKE ADULT QUESTIONNAIRE

Date of Completion:

Your Name:

Your Birthdate:

### REASONS FOR SEEKING COUNSELING

Please Describe Why You Are Seeking Counselling Today:

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### EMPLOYMENT:

**Current Occupation:** \_\_\_\_\_

Unemployed      Student      Medical Leave

### HOUSEHOLD

Who resides with you? Please list:

\_\_\_\_\_ Name/Age/Relationship

\_\_\_\_\_ Name/Age/Relationship

\_\_\_\_\_ Name/Age/Relationship

\_\_\_\_\_ Name/Age/Relationship

\_\_\_\_\_ Name/Age/Relationship

\_\_\_\_\_ Name/Age/Relationship

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## PREVIOUS THERAPY/COUNSELLING

Have you participated in therapy or counseling in the past?

Yes

No

If yes, was it helpful?

Yes

No

## Medical Background

**Medical:** Do you have any medical problems?  Yes  No If yes, please list them:

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Do you take any prescription **Medications**?  Yes  No If yes, please list them:

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**Name of Physician:** \_\_\_\_\_

**Office/Clinic Name:**

**Please list any allergies:**

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## OTHER INFORMATION

Please include here any additional background information you feel would be helpful for me to know:

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