



## **“A Session At a Time” – Walk In Counselling**

Date:

Name:

Date of Birth:

Address:

City:

Postal Code:

Main Phone:

Can we leave a message? (yes/no):

Work Phone:

Can we leave a message? (yes/no):

Email address (optional):

1. Have you or a family member received services from our agency (e.g. CMHA, Canadian Mental Health Association, Niagara Branch) in the past?
2. If yes, what date did you attend?
3. Who referred you to this clinic?
4. Please list any other services you are involved in right now:
  
5. Are you at risk of harm to self (are you thinking of suicide or of killing yourself) or to others (thoughts of hurting or killing someone else)?
6. If yes, who?
7. Are you currently on any medications?  
If yes, please list:
8. What concerns have brought you here today?
  
9. If 1 is the worst, and 10 is the best, how are things in your life today?



10. How does this problem affect you?

11. What would be important for us to know about the background of this problem?

12. What would be most helpful to talk about in this meeting today?

13. How will you know when you have achieved the changes you desire?

14. Remember a problem that happened any time in your life that you resolved in such a way that left you feeling proud of yourself? What did you do that you felt proud of?

15. What would someone else come to admire and respect most about you if they had months or years to get to know you? It's okay to guess.

16. For us to be most helpful, is there anything you feel is important for us to know about your culture, ethnicity, gender, religion, language, sexual orientation, mental or physical health, or other?