INSPIRED MINDS
WELLNESS CENTRE

Suite 320, 1414 – 8 Street SW, Calgary, AB T2R 1J6

Client Intake Form

Your application will be reviewed by our intake staff and you can expect to be contacted within 24 hours to discuss an intake date.

First Name: _____ Last Name: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Date of Birth: _____ Age: _____ Gender: _____

Health Card #: _____ Province: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Do you have any accessibility concerns? _____

Let us know how you heard about us:

- ☐ Family Physician _____
- ☐ Internet (__Psych. Directory __ Linked In __ Facebook __ Twitter)
- ☐ Newsletter
- ☐ Friend
- ☐ Inspiredmindswellness.com
- ☐ Other: _____

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1. My reasons for wanting to attend therapy at this time:

_____

_____

2. Do you have any mental health diagnosis? ___ Yes ___ No

If yes, please describe:

Diagnosis	Date diagnosed	By Whom?

3. Do you have any health problems or medical illness? ___ Yes ____No

If yes, please provide details:

_____

_____

4. Are you taking any medications or supplements? ___ Yes _____No

If yes, please provide details as outlined below:

Medication Name	Dose (mg)	Quantity (i.e. x2)	Reason for taking?	Prescribed by?

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5. Any history of suicidal ideation? ___ Yes ___ No

If yes, please check when: ___ within 3 months ___ past year ___ more than one year ago

6. Any suicide attempts? ___ Yes ___ No

If yes, please check when: ___ within 3 months ___ past year ___ more than one year ago

7. Any history of self-harm? ___ Yes ___ No

If yes, please check when: ___ within 3 months ___ past year ___ more than one year ago

8. Any history of substance use? ___ Yes ___ No

If yes, please check when: ___ within 3 months ___ past year ___ more than one year ago

Please indicate substance of choice and period of use: _____

_____

9. Treatment History

Type of Therapy (i.e. individual/group/residential)	When/Duration/With Whom?

Intake forms can be returned via:

- Email: intake@inspiredmindswellness.com
- Fax: 1-855-316-6002 (toll free)
- In person at initial appointment