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INDIVIDUAL THERAPY INTAKE FORM

Please print this form and complete it. **Give it to the therapist at the first meeting.**
Please note: The therapist will ask you some of the same questions at the interview. The therapist will discuss your answers with you.

All information given to the therapist is confidential.
It will not be shared with anyone who is not at the therapy session without your consent unless there is a risk of immediate loss of life or of abuse or neglect of a child under 18.

First name: _____
Last name: _____
Pronouns _____
Age: _____
Date of birth YY / MO / DAY _____
Marital Status: _____

Cell #: _____
Other# _____

Home address: _____

Children in order of eldest to youngest, please include age(s):

Who do you live with? Please indicate their relationship to you

Please indicate the first name and approximate dates of all previous relationships in which you lived with a romantic partner for more than a year.

PSYCHIATRIC AND MEDICAL HISTORY

Please list any psychiatric or "mental" problems you have been diagnosed with:

Please list any medical or "physical" problems that you have been diagnosed with:

Please list any medications you currently take, and what you take them for:

How many times have you been pregnant? _____

Name of Family doctor: _____

Phone: _____

Name of Psychiatrist: _____

Phone: _____

Have you ever been hospitalized for psychological or psychiatric reasons?

Yes No

If yes, please describe when and where you were hospitalized, and for which reasons.

Have you ever been in therapy before? Yes No

If yes, when: _____

Therapist: _____

Length of treatment: _____

Problems treated:

Was the outcome successful? Very Somewhat No change Got worse

Please indicate if you have experienced the following

	Never	Yes, in my lifetime but not in the last 30 days Please indicate the month and year when you experienced	Yes, in the last 30 days. Please indicate on how many days in the last 30 days.
Felt very down for no clear cause for more than two days in a row			___/30
Felt very worried for no clear cause for more than two days in a row			___/30
Had panic attacks			___/30
For more than 12 hours, became very full of energy, couldn't calm down, couldn't sleep or couldn't stop talking.			___/30
Have hit, punched or shoved someone			___/30
Had difficulty controlling anger			___/30
Have ever cut or otherwise harmed self			___/30
Over a period of more than a month, have restricted eating beyond simple dieting, have forced self to vomit or have binged.			___/30
Have had vivid, lifelike dreams of past traumatic events in my life several times in a week			___/30
Seen or heard things that weren't there (not as a result of drug use).			___/30
Thought about killing myself			___/30
Tried to kill myself			___/30

Comments: _____

Were you ever the target of physical violence? Yes No
 Please include any information you wish to share about this.

Were you ever the target of sexual abuse or sexual violence? Yes No
 Please include any information you wish to share about this.

Please indicate how many times the following has happened in the last 30 days.

I drank more than 3 drinks in a day _____/30

I drank until I became drunk _____/30

I used cannabis in any form _____/30

I used non-prescribed drugs other than cannabis _____/30 Please indicate the drug or drugs used

What is your current relationship status? _____

Please rate your current level of relationship satisfaction by circling the number that corresponds with your current feelings about your current relationship status:

(extremely unsatisfied) 1 2 3 4 5 (extremely satisfied)

Name the top three concerns that have brought you to therapy.

1. _____

2. _____

3. _____

SERVICE CONTRACT AND INFORMED CONSENT

FEES and PAYMENTS: Payments can be made by cash, cheque or online payment. Agreed fee: _____

Sessions are generally 55 minutes in length.

ATTENDANCE Therapy requires regular attendance. Data indicates that coming weekly at the beginning of therapy is important to making effective change. TWENTY-FOUR (24) hours' notice is required to CANCEL OR RESECHEDULE an appointment. You will be billed for the full fee of the missed session. Missing sessions prevents other clients from being seen and impedes your progress. If you miss sessions the therapist will discuss with you whether you can benefit from therapy at this point and may choose to terminate the therapy.

Please contact the therapist if you are running late. If you arrive more than fifteen minutes late, it will be considered a missed session, whether you contact the therapist or not, since it is not possible to make effective use of so short a period of time.

Generally, contact between sessions should be limited to planning for a next session. If there are matters that go beyond planning for the next session they are more appropriately dealt with in session.

PROFESSIONAL RESPONSIBILITIES

Jeremy Wexler is a social worker and a couple and family therapist in good standing with the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (**OTSTCFQ**). He is also a psychotherapist duly licensed by the Ordre des Psychologues du Québec (**OPQ**).

The therapist makes an evaluation/assessment and an intervention plan and shares these with you. So that you can give informed and free consent to therapy, the therapist undertakes to inform you of the nature and the scope of the problems as he understands them, and the goals and methods he plans to use to address them.

INFORMED CONSENT

FILE: The therapist is required by law to maintain a record of therapy (a file). The file includes personal contact information, progress notes, treatment plans and evaluations. It must be kept by the therapist for 5 years after the end of therapy and may be destroyed after that. You have the right to access your file. To do so, speak to the therapist or if the therapist is unable to respond contact the OTSTCFQ.

CONFIDENTIALITY: No information about you can be released to a third party without your prior written consent. (Or verbal consent in the case of an emergency). In the case that the therapist and client agree to meet for **therapy online**, the therapist cannot guarantee the confidentiality of *any* online platform. It is preferable to meet using an encrypted platform with a password whenever possible.

Exceptions to the rule of confidentiality include: (1) when a client is under 14 years of age, and their parents/legal guardians want access to the file, (2) risk of imminent danger, such as suicide, death, or serious bodily harm to an identifiable person or group (3) suspected or known abuse or neglect of a child or older adult, (4) requests ordered by a court of law. (5) when the therapist seeks consultation or supervision from an experienced professional colleague or gives supervision or consultation. This colleague maintains confidentiality as well.

RIGHT TO REFUSE INTERVENTIONS AND END TREATMENT

You may refuse any therapeutic interventions offered to you. You may stop therapy at any time. If you decide to stop therapy, please notify your therapist so that your file can be closed and/or you can be referred to another resource.

I have read and understood the above information regarding confidentiality, the file and my right to end therapy.

Any questions that I asked have been satisfactorily answered. I freely consent to receive psychotherapeutic services.

Name of client: _____

Signature: _____

Date: _____