



Family Health Team

Mental Health Intake Form

Current Date: _____	
Please submit this completed form to: 4130 Glenview Road, Petrolia Mental Health Intake: P: 519-882-2500 F: 519-882-4321	The CLFHT provides structured short term clinical services to those experiencing challenges in their life. Our focus is to provide treatment that is educational & motivates the individual towards developing goals and skills that will support their mental & emotional well-being

Demographics	
Name:	_____
Preferred name:	_____
Date of birth:	_____
Health Card:	_____ expiry _____
Personal contact information:	_____
Address:	_____
City:	_____ postal code: _____
Emergency contact:	_____
Emergency contact number:	_____
Relationship status:	_____
Dependants:	_____
Work/Income source:	_____
Family Doctor:	_____

Family Health Team

Health History:				
Exercise:	Frequently	Semi-frequently	None	Specify:
Eating regularly:	Frequently	Semi-frequently	None	Specify:
Adequate sleep:	Frequently	Semi-frequently	None	Specify:
Health problems (i.e., diabetes, chronic pain, etc):				
Symptom checklist:				
• Low mood		Feeling detached / numb		Feeling hopeless
• Trouble regulating emotions		Loss of interest / motivation		Excessive worry
• Delusions / hallucinations		Fatigue / loss of energy		Panic attacks
• Intrusive thoughts / memories		Inability to feel joy		Poor concentration
• Avoiding people, places, things		Suicidal ideation		Poor sleep
Mental Health:				
Is there any history of mental illness in your family				
Yes	No	Unsure		
Details:				
Are you concerned with your alcohol or substance use?				
Yes	No	Unsure		
Details:				
Is anyone close to you concerned with your alcohol or substance use?				
Yes	No	Unsure		
Details:				
Mental Health continued...				
Have you ever been diagnosed with a mental health disorder?				
Yes	No	Unsure		
Details:				
Have you ever been hospitalized for a mental illness?				
Yes	No	Unsure		
Details:				
Are you currently on any medications for your mental health?				
Yes	No	Unsure		
Details:				
Presenting Situation				
Do you have any previous counselling experience?				
Yes	No	Unsure		



Family Health Team

What brings you to seek out counselling:

What are 3 goals / areas to address:

- 1.
- 2.
- 3.

Any other relevant details to know?

**** Any information provided by patient will remain confidential. The information provided will be used to help triage patients but please note that we are not a crisis centre and are unable to provide crisis care. Information provided by patients will not be duplicated, copied or transferred without written or verbal patient consent. ****