



MASC

Adult Client Intake Form

Welcome to MASC! The information you provide is confidential, and will be helpful for your counsellor to learn more about your situation and how best to be of help to you. If you have any questions, please ask.

General Physical & Mental Health Information

Name of primary care physician?:

Do you exercise regularly? If yes, what type of exercise?:

Have you received therapy before?:

If yes, when? Name of Therapist?:

Have you or a family member ever been hospitalized for mental or emotional illness?:

If yes, date and reason?:

Are you on medication?:

If yes, what and why?:

Substance Use

Do you currently use alcohol?:

If yes, how often?:

If yes, how much do you drink?:

Do you currently use marijuana?:

If yes, how much do you smoke/eat?:

Do you currently use any other drugs?:

If yes, what drugs do you use?:

If yes, how often do you use?:

Have you received any previous treatment for substance use?:

If yes, where did you go?:

Complaint

Reason for seeking counselling?:

What are your 2 most important goals for counselling?:

Family Information

Relationship Status:

If Married, Separated, Divorced or Widower, how long?:

Partner's Name? Age? Occupation?:

Do you have a child/children?:

If yes, how many and how old?:

Relationship with my mother is?:

Relationship with my father is?:

Do you have siblings? If yes, how many do you have?:

Describe the relationship with your siblings:

My friendships are?:

Current Symptoms

check all that apply

- Anger
- Withdrawn
- Peer Problems
- Behavioural Problems
- Self Blame
- Unhelpful Thoughts
- Impulsivity
- Aggression
- Anxiety
- Gang Involvement
- Abandonment
- Isolation
- Depression
- Mood Swings
- Sleeplessness
- Self Harm
- Past Trauma
- Harming Others

Crisis Information

Are you having any current suicidal thoughts, feelings or actions? If yes, please explain:

Any current violent thoughts, feelings, or anger control problems? If yes, please explain:

Any hospitalizations, or imprisonments for suicidal or violent behavior? If yes, please explain:

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)? If yes, please explain:

Is there anything else you would like me to know?:

How did you hear about us?:

All information will be reviewed with you during your first session.