Yonge-Davisville Health Clinic

502-1881 Yonge Street, Toronto, Ontario, M4S 3C4
Phone: 416 539 9598 Fax: 416 539 0802

Individual intake form:

Client demographics:

Name: _____
Address: _____
DOB: _____
Phone number: _____

Family Physician: _____
Phone: _____
Psychiatrist (if applicable): _____
Psychiatrist Phone: _____

Have you ever had a diagnosis or received treatment for a mental illness?
□ Yes □ No

If yes, please indicate the diagnosis: _____

Please list other healthcare professionals and/or community agencies seen:

_____
_____

Have you had any thoughts of suicide in the last two weeks?
□ Yes □ No

Do you have a history of suicide or self harm?
□ Yes □ No

Please circle any that apply to you.

- Abuse: Sexual,Physical, Emotional - Easily Angered - Loss of Interest - Risky Activity - Anxiety - Relationship concerns	- Excessive Energy - Low Self Esteem - Substance issues - Bullying - Fatigue - Memory Impairment - Second Guessing - Caregiver stress - Grief
- Persistent Pain - Trouble Controlling Emotion - Crying Spells - Insomnia - PTSD - Depression - Lack of Motivation	- Panic Attacks - Self Harm - Changes in Appetite - Guilt - Parenting Concerns - Suicidal Thoughts - Changes in Sleep - Irritability

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Please list prescriptions, over-the-counter medication(s), and/or herbal

Drug Name	How often do you take it	What is the dose	Reason for taking it

Please describe your reasons for seeking treatment at this time

_____
_____
_____
_____
_____

What are your goals for therapy? What are you hoping to achieve?

_____
_____
_____
_____
_____

Preferred method of communication:

_____

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Limits to confidentiality consent form:

Yonge-Davisville Health Clinic will release client information without consent in the following circumstances:
1. The social worker believes that the client or someone else is at imminent risk of suicide or homicide.
2. A child under 16-years of age may be at risk of abuse or neglect.
3. Yonge-Davisville Health Clinic has been subpoenaed by a court of law (court order) or a judge.
4. Yonge-Davisville Health Clinic is presented with a search warrant.
5. There are reasonable grounds that the client may not be able to drive safely.
6. There is a need to consult with the social work team.
7. There is a need to consult with other staff at the Yonge-Davisville Health Clinic.

Signature: _____