



Date: _____

Client Type

Returning New - How did you hear about Crossroads? _____

Information - Client 1

First Name:	_____	Last Name:	_____	Preferred Name:	_____
Street Address:	_____			DOB:	_____
City:	_____	Province:	_____	Postal Code:	_____
Main Phone:	() _____ - _____	Email:	_____		

Emergency Contact

First Name:	_____	Last Name:	_____	Relationship:	_____
Main Phone:	() _____ - _____	Other:	_____		

Is a parental or a dependant adult consent required for this client? No Yes

Guardian Information

First Name:	_____	Last Name:	_____	Preferred Name:	_____
Street Address:	_____			DOB:	_____
City:	_____	Province:	_____	Postal Code:	_____
Main Phone:	() _____ - _____	Email:	_____		

Other Information

- Is it okay to leave messages on the phone number provided? No Yes
 - Do you wish to receive appointment reminders via Text or Email ?
 - Which format would you prefer for your sessions? Face-to-Face Video Conferencing Telephone
 - Do you have extended health benefit coverage? No Yes - Provider: _____
 - Are we able to direct bill this provider? No Yes
 - If "no" to question 6, are they able to pay and submit? No Yes
 - Are you hoping to qualify for a fee subsidy? No Yes - *Complete Applicable Subsidy Application Form*
 - Is another person or organization covering your portion of the fee? No Yes - *Record Details Below*
- Details of question 5: _____
9. In order to pair you with a counsellor that is equipped to meet your therapy needs, please give me a brief idea as to why you are seeking counselling.
- 1 - _____
- 2 - _____
- 3 - _____
10. Do you wish to access therapy from a secular worldview or a christian worldview?
11. Do you have a particular counsellor in mind? No Yes - Name: _____

Office Use Only

Assigned Counsellor: _____ First Appointment On: _____ At: _____
 Intake S/S Forms Sent Forms Received Owl & QB Profile Files Created
 Administrator Initials: _____ Notes: _____