

Maya Charney, MA

Somatic Psychology, psychotherapist

Client Intake Form

Please fill out this form to the best of your ability. If you have any questions, please ask for assistance. If you need more room, please use the back of this form or another sheet of paper. Please note, this information is confidential.

Name: _____ Date: _____

Date of Birth: _____

Address: _____
Number and Street City Province Postal code

Phone work: _____ home: _____ cell: _____

Email: _____

Please indicate the best way for me to reach you and leave messages:

Gender: Female
Male
Non-binary
Prefer to self-describe _____

Referred by (How did you find out about me?):

Relationship status (married, single, domestic partnership, widowed, separated etc.):

Please list any children and their age:

Occupation: Are you currently employed and/or following a particular career path or course of study?
Please share briefly:

1. Intention: In your own words, what would you most like from therapy?

2. Are you receiving any other care or treatment for your present concerns such as: doctor, psychiatrist, acupuncturist, osteopath, naturopath etc.? Please list what they are:

Please list any medications that you are taking:

3. Have you ever seen a psychotherapist(s) in the past? If so, for approximately how long?

4. Were you ever diagnosed with any major medical conditions or psychological illnesses? If so, please list the diagnosis and the approximate time of onset.

5. Is there anything else you would like me to know about you?

Client's Signature

Date