Danny Seto, M.Psy., M.Div. (counselling), B.A., B.Ed., O.C.T., A.R.C.T.
Registered Psychotherapist & Clinical Supervisor
Registered Marriage & Family Therapist (Clinical Fellow & Approved Supervisor)
Ontario Association of Mental Health Professional's (Certified Member)

22 Maraca Drive
Richmond Hill, ON L4S 0A3
(905) 883-9009
info@dannyseto.ca
www.dannyseto.ca

Date: _____

INTAKE FORM

PERSONAL INFORMATION:	
Name:	
Gender:	
Age:	
Birth Date:	
Education:	
Occupation:	
Home Address:	
Email Address:	

May we contact you by email? YES NO

Phone #:	Home #:	Work #:	Cell #:
Emergency Contact Person:	Name:	Relationship:	Phone #:

May we contact you by phone? YES NO

May we leave a message on your voicemail? YES NO

Where did you see my name? _____

FAMILY INFORMATION:					
NAME:	**GENDER:**	**AGE:**	**BIRTH DATE:**	**EDUCATION:**	**OCCUPATION:**
Spouse/Partner:					
Children/Step-children/ Siblings:					
1.					
2.					
3.					
4.					

MEDICAL INFORMATION:	
Family Physician:	

Describe any health problems or serious illnesses (past or current):		
What medications do you take (including supplements and vitamins)?		
List any prior surgeries:		
If you had prior counselling or therapy:		
When?	What was the concern?	Who was your counsellor?
If you ever been hospitalized for psychiatric treatment:		
When?	Where?	How long?

What brings you to psychotherapy now? How long have your current problems existed?

Describe your present concerns (circle one):

Mild Moderate Moderately Severe Severe A Crisis

<u>PLEASE MARK ALL THAT APPLY</u>:

- ❑ crying spells
- ❑ fast heartbeat
- ❑ money problems
- ❑ unable to have fun
- ❑ always worried
- ❑ relationship concerns
- ❑ feelings easily hurt
- ❑ frequent sweating
- ❑ work difficulties
- ❑ lacking in confidence
- ❑ dizziness
- ❑ sexual problems
- ❑ constipation
- ❑ shaky limbs
- ❑ can't hold a job
- ❑ feeling grouchy
- ❑ stomach trouble
- ❑ excessive drinking
- ❑ always tired
- ❑ nightmares
- ❑ poor appetite
- ❑ excessive medication use
- ❑ feeling tense
- ❑ excessive drug use
- ❑ depressed
- ❑ cold feet and hands
- ❑ problems with children
- ❑ trouble sleeping
- ❑ feeling panicky
- ❑ problems with parents
- ❑ feeling lonely
- ❑ diarrhea
- ❑ poor physical health
- ❑ loss of weight
- ❑ shy with people
- ❑ fighting and quarreling
- ❑ not enjoying things
- ❑ muscle twitching
- ❑ dislike my body
- ❑ suicidal thoughts
- ❑ nausea or vomiting
- ❑ full of energy
- ❑ feeling inferior
- ❑ can't make decisions
- ❑ overly ambitious
- ❑ loss of sexual interest
- ❑ can't make friends
- ❑ easily excited
- ❑ "no one understands me"
- ❑ headaches
- ❑ quick-tempered
- ❑ worried about health
- ❑ fainting spells
- ❑ impatient with people
- ❑ can't concentrate
- ❑ unable to relax
- ❑ binge eating
- ❑ can't 'get going"
- ❑ feeling fearful
- ❑ very restless
- ❑ feeling angry
- ❑ overly sensitive
- ❑ don't like being alone
- ❑ feel like hurting someone
- ❑ anxious inside
- ❑ lack energy
- ❑ feel like smashing things
- ❑ weight gain
- ❑ excessive overeating