Scarth McKillop
Psychologists

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Intake Questionnaire

Personal Information
Date
Name
Address
Date of Birth
Preferred Contact Number
Alternate Contact Number
Email Address
Can Messages be Left on your Phone or Email?
Referred By

Family Physician
Name
Address
Contact Number

Emergency Contact
Name
Address
Contact Number

Employment Information	School Information
Occupation	Area of Study
Employer	School

Current Problem

Please let us know what prompted you to seek our services at this time:

Coping Strategies

What do you do now to cope with your situation (positive and negative strategies):

Please check any of the following issues that might also apply to you:

☐	Work/School Problems	☐	Anxiety/Panic	☐	Physical Illness
☐	Relationship Problems	☐	Fears/Phobias	☐	Concentration Problems
☐	Family Problems	☐	Abuse Issues	☐	Memory Problems
☐	Legal Problems	☐	Traumatic Experiences	☐	Obsessions
☐	Financial Problems	☐	Loss/Grief	☐	Compulsions
☐	Sexual Problems	☐	Stress or Burnout	☐	Alcohol/Drug Issues
☐	Depression	☐	Anger/Frustration	☐	Medication Problems
☐	Low Self-Esteem	☐	Agitation/Annoyance	☐	Racing Thoughts
☐	Feelings of Guilt	☐	Eating Problems	☐	Unpleasant Thoughts
☐	Hopelessness	☐	Sleep Problems	☐	Suicidal Thoughts
☐	Loneliness	☐	Low Energy/Fatigue	☐	Suicide Attempts

Treatment Goals

Please check the severity of your difficulties

- mildly upsetting
- moderately upsetting
- severe
- very severe
- extremely severe

How hopeful that these difficulties can get better?

- not hopeful
- somewhat hopeful
- pretty hopeful
- very hopeful

Physical Health Status

Please tell us about any significant physical health conditions that you currently have or have had that may be important for us to know:

Mental Health Status

Do you have any prior history of mental health concerns?

Substance Use

Please describe any drug and alcohol use:

Current Medications

Please list any current medications and reasons you are taking them:

Current Relationship

Could you tell us about your relationship (if you are in a relationship)? How long have you been together? What is the name of your significant other? What ways does your relationship work well? Is there anything you would like to change?

Present Family

Could you tell us a little bit about your current family circumstances? Do you have any children? If so, what are their names and how old are they? Do you have any parenting concerns?

Have you had any traumatic experiences, past or present?

Please complete the following sentences:

I am a person who
Ever since I was a child
One of the things I feel most proud of is
One of the things I regret is
It's hard for me to admit
Other people
I wish

The following statements describe four types of general relationship styles. Place a check mark next to the statement that best describes you or is closest to the way you are.

- [ ] It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- [ ] I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- [ ] I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value as much as I value them.
- [ ] I am comfortable without close relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.