



CLIENT INTAKE FORM  
Darrell R. Johnson, Ph.D.

File number: \_\_\_\_\_

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

**YOUR INFORMATION**

You (1): \_\_\_\_\_

Gender:

Male    Female

Language:

English    French

Client (2): \_\_\_\_\_

Male    Female

English    French

Client (3): \_\_\_\_\_

Male    Female

English    French

Client (4): \_\_\_\_\_

Male    Female

English    French

Birthdates:

(1) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

(2) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

(3) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

(4) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

Civil status (1):     single     cohabitant     married     separated     divorced     widowed

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

OK to leave messages?    Hours:

Telephone:    (    ) \_\_\_\_\_    (home)     \_\_\_\_\_  
(    ) \_\_\_\_\_    (work)     \_\_\_\_\_  
(    ) \_\_\_\_\_    (cell)     \_\_\_\_\_  
(    ) \_\_\_\_\_    (other)     \_\_\_\_\_

Referral Source:

- Re-user
- Friend/ family member
- DRJOHNSON Website
- Other Internet Site
- Family Doctor
- Psychiatrist
- CLSC
- Other Psychologist
- School
- Other agency

Contact person:

Telephone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR AVAILABILITY**

Best days:	Monday	Tuesday	Wednesday	Thursday	Friday
Best times:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

(Please give several possibilities: sessions begin on the hour)

(Montreal office: Thursday and Friday; Saint-Lazare office: Monday, Tuesday and Wednesday)

**YOUR INITIAL TREATMENT GOALS**

Your reason(s) for consulting:

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Your initial goals or expectations (if any are clear to you at this time):

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Type of therapy you desire:

- Individual     Couple     Family     Child or Adolescent     Parent Coaching     Not yet determined

Any questions you might have for me at this point:

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\_\_\_\_\_  
(Your signature)