

Dr. Jim Roche  
Registered Psychologist, BC 1610  
Registered Marriage and Family Therapist, BC

**INTAKE INFORMATION**

NAME (S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are seeing me with a child, do you hold custody YES \_\_\_\_\_ NO \_\_\_\_\_  
Is the other parent aware you are coming today, and have they agreed? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

What is/are the primary reasons for seeking psychological services?

When did this problem begin?

What are your goals for therapy or an assessment?

Have you seen other professionals about this problem?

Do you suffer from any medical conditions I should be aware of?

Are you seeing a medical doctor/physician?

Is there anything else I should be aware of?

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Notes: