

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: