Laura Kemp-Romas
MA, RP Reg. Psychotherapist & Energy Practitioner
244 Wellington St. East, Suite 200
Aurora, Ontario, Canada, L4G 1J5
www.Enertherapy.ca

INTAKE FORM

Name: _____

Name of parent/guardian (if under 16 years): _____

Birth Date: _____ /_____ /_____ Age: _____ Gender: □ Male □ Female

Relationship Status:
□ Single □ Domestic Partnership □ Married □ Separated □ Divorced □ Widowed

List any children & ages, if any:_____

Address: _____

Home Phone: _____ May we leave a message? □Yes □No

Work Phone: _____ May we leave a message? □Yes □No

Cell/Other Phone: _____ May we leave a message? □Yes □No

E-mail: _____May we email you? □Yes □No

Referred by (if any): _____

Family doctor's name: _____

Are you currently taking any prescription medication?
□ Yes
□ No
Please list names and reason: _____
_____
_____

Please list any specific health problems you are currently experiencing:
_____
_____
_____

Have you previously received any type of mental health services (psychotherapist, psychologist, counsellor, social worker, psychiatric services, etc.)?
□ No
□ Yes, previous therapist/practitioner's name(s):
_____