

HEALING MATTERS PSYCHOLOGICAL SERVICES
CAROL FREDREK, Registered Psychologist
INTAKE FORM

Adapted from ‘The Personal Functioning Questionnaire’ (PFQ) by
 Kevin Alderson, Ph.D. 2018

The purpose of this questionnaire is to provide me with historical and current information about you. This questionnaire will be kept strictly confidential. The questionnaire is 10 pages but it will be most valuable in our first session and save us much time.

When providing quality ratings, mark an “X” in the appropriate box, “bold” the response or “circle” if you are completing this by hand. Please print legibly.

You can complete the form online or print it out to handwrite your responses. If you complete it online you can save and send it as an attachment or if you prefer handwritten you can scan and email as an attachment.

1. Background Information	
Full Legal Name:	
Preferred Name:	Daytime Phone:
Address:	Evening Phone:
	Cell Phone:
City:	Email:
Postal Code:	Emergency Contact Name & Phone:
Date of Birth:	Education (highest grade or credential earned)
Occupation:	How did you get my name? <input type="checkbox"/> Psychology Today <input type="checkbox"/> Calgary Psychologists Directory <input type="checkbox"/> Google Search <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Physician. If so, name: _____ <input type="checkbox"/> Other: _____

<p>What word(s) do you use to define your sexual and/or gender identity?</p>	
<p>Relationship Status (married, single, divorced or involved)</p>	
<p>2. Description of Presenting Issue(s)</p>	
<p>State in your own words the nature of the issue(s)</p>	
<p>How severe is the issue(s)?</p> <p>Severity scale: 1=incapacitating 2=very serious 3=serious 4=moderate 5=mild</p>	
<p>When did the issue(s) begin? Give approximate date or time of year for each issue.</p>	
<p>Have any solutions to the issue(s) been attempted? If “yes”, please specify.</p>	

Have you ever attended counseling before with someone? If “yes”, with whom? When?

Do you have any idea or thought about how counseling may be of benefit to you now?

3. Living Arrangements & Children									
Quality Scales: 1 – very unsatisfied 2 = somewhat satisfied 3 – neutral 4 = Somewhat satisfied 5 = satisfied					Quality Rating				
How satisfied are you with your present dwelling with the place where you live?					1	2	3	4	5
How satisfied are you with your living arrangements (.e., with the people you live with or living alone if applicable?)					1	2	3	4	5
Who else lives at home with you? List them below.									
Quality rating scale: 1 = very negative 2 = somewhat negative 3 – neutral or not applicable 4 = somewhat positive 5 = very positive									
First Name	Age	Gender	Who is this person in relation to you?	Quality of Relationship					
				1	2	3	4	5	
				1	2	3	4	5	
				1	2	3	4	5	
				1	2	3	4	5	
				1	2	3	4	5	
				1	2	3	4	5	

Other Children Do you have children that do not live with you? If “yes”, include below.

Quality rating scale: 1 = very negative 2 = somewhat negative 3 – neutral or not applicable 4 = somewhat positive 5 = very positive

First Name	Age	Gender	Grade or Occupation	Quality of Relationship				
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5

4. Friendships – please list your four closest friends below

Quality rating scales: 1 = very negative 2 = somewhat negative 3 – neutral or not applicable 4 = somewhat positive 5 = very positive

First Name	Age	Gender	Length of Friendship	Where does this person live?	Quality of Relationship				
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5

5. Family of Origin

A. Parent's / Caregivers – Who were your primary caregivers in childhood?
Please circle those that apply

Mother Father Stepmother Stepfather Grandmother Grandfather Aunt Uncle Cousin

Other: if other, specify: _____

	Caregiver #1	Caregiver #2 (if applicable)
First of primary caregiver(s)		
Living or deceased?		
Age (or age at time of death)		
Cause of death if deceased		
How would you rate this caregiver's approach to rearing you in childhood (please circle)?	very lenient lenient strict very strict	very lenient lenient strict very strict

Quality rating scales – for the next three questions

1 = very negative 2 = somewhat negative 3 = neutral or not applicable 4 = somewhat positive 5 = very positive

Rate the quality of the relationship you had with this caregiver when you were a child.	1	2	3	4	5	1	2	3	4	5
Rate the quality of the relationship you had with this caregiver when you were a teenager.	1	2	3	4	5	1	2	3	4	5
Rate the quality of the relationship you have with this caregiver now.	1	2	3	4	5	1	2	3	4	5

B. Siblings – Please list your brothers and sisters below

Quality rating scales: 1 = very negative 2 = somewhat negative 3 = neutral or not applicable 4 = somewhat positive 5 = very positive

First Name	Age	Gender	Occupation	Quality of Relationships				
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5

6. Spiritual Beliefs					
Quality rating scales: 1 = very unsatisfied 2 = somewhat unsatisfied 3 = neutral 4 = somewhat satisfied 5 = very satisfied				Quality Rating	
Present religion or spirituality (please list or discuss)	To What extent are you satisfied with your current beliefs?	1	2	3	4 5
What most gives you a sense of meaning and purpose of life?					

7. Emotional Health
Have you ever experienced emotional problems over the past five years? If “yes” please describe here.
Have you ever been given one or more psychiatric diagnoses? If “yes” please list here:
Have you ever considered, planned, or attempted suicide? If “yes”, please give details.

Are you currently suicidal? YES _____ NO _____									
Quality rating scales: 1 = very negative 2 = somewhat negative 3 = neutral or not applicable 4 = somewhat positive 5 = very positive					Quality Rating				
How would you rate your current ability to cope?					1	2	3	4	5
How would you rate your current level of happiness?					1	2	3	4	5

8. Drug Use										
Please check those that apply to you in the present and/or in the past.										
	IN THE PRESENT (over the past year)					IN THE PAST (during the period you used the most)				
	Daily User	2-6 days per week	1-4 times per month	Twice a year or less	Never	Daily User	2-6 days per week	1-4 times per month	Twice a year or less	Never
Coffee										
Cigarettes										
Alcohol										
Tranquilizers										
Marijuana										
Cocaine/Crack										
Stimulants										
Opioids/Heroin										
Other Recreational Drugs (specify)										
Quality rating scales: 1 = very serious effect 2 = serious effect 3 = moderate effect 4 = mild effect 5 = no effect										
What effect is drug use having on your life? Use the 1-5 rating scale above for this question.						1	2	3	4	5
To your knowledge, what addiction(s) do you have, if any?										

9. Physical Health & Medications

Quality rating scales: 1 = very unhealthy 2 = somewhat unhealthy 3 = neutral 4 = somewhat healthy 5 = very healthy

How healthy are you presently?	1	2	3	4	5
To what extent do you lead a balanced lifestyle? (e.g., sleep, diet, exercise) If you recorded a rating of “1” or “2”, please explain:	1	2	3	4	5
Do you experience any form of sleep disturbance? If “yes”, please explain:					
When was your last complete physical examination?					
Who is your family physician?					
Do you have any concerns about your physical health? Please specify:					
Do you experience any long-term, or chronic, medical conditions? If “yes”, please specify:					
Are you currently taking any medication? If “yes”, please specify:					

10. Recreation & Leisure Activities – What leisure activities do you enjoy?										
Quality rating scale for “degree of enjoyment”: 1 = very little 2 = a little 3 = a fair amount 4 = a lot 5 = a great deal Quality rating scale for “frequency”: 1 = 1 to 12 times a year 2 = once a month 3 = once a week 4 = 1 to 2 times per week 5 = more than twice a week										
Name of Activity	Degree of Enjoyment					Frequency				
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5

11. Intimate Romantic / Sexual Relationships										
Please list the intimate romantic/sexual relationships you have had below that you consider significant in your life. Begin with the most recent. Quality rating scales: 1 = very negative 2 = somewhat negative 3 = neutral or not applicable 4 = somewhat positive 5 = very positive										
First Name	Your Age When It Ended	First met? (month, year)	Length of romantic/sexual relationship			Quality of the Relationship				
(use this space only If you are in a relationship presently; state present age in next column)						1	2	3	4	5
						1	2	3	4	5
						1	2	3	4	5
						1	2	3	4	5
						1	2	3	4	5
						1	2	3	4	5
12. Career Choice										
Quality rating scale: 1 = very unsatisfied 2 = somewhat unsatisfied 3 = neutral 4 = somewhat satisfied 5 = very satisfied						Quality Rating				
To what extent are you satisfied with your career choice?						1	2	3	4	5

13. Work & Volunteer History

Please list your most recent employment first, followed by past employments,
 Quality rating scales: 1 = very unsatisfied 2 = somewhat unsatisfied 3 = neutral 4 = somewhat satisfied 5 = very satisfied

Occupation (if volunteer work, please indicate)	Employer	First Began?	Length of Employment	Quality Rating of Job Satisfaction				
				1	2	3	4	5
(use this space only if you are employed presently)				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5

You have now completed the intake. Please email back to me before your next appointment, which would be my preference or bring it to your first appointment.
 Thank you!