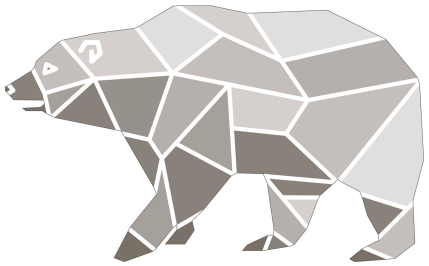

BEAR PSYCHOLOGY
TRAUMA PRACTICE

Baranowsky Psychology Professional Corporation
4789 Yonge Street, Suite 703
Toronto, Ontario
M2N 0G3
(416) 733-3838
office@bearpsychology.ca

Client Information Form

Intake Form

Please take your time in filling out this form. If any areas do not apply to you, you do not need to answer them. Please complete as much of the form as possible to ensure your therapist can work most effectively with you.

Intake

Contact

First Name

Middle Name

Last Name

Preferred Name

Date of Birth *(YYYY-MM-DD)*

Sex *(Select only one)*

- [ ] Male
- [ ] Female
- [ ] Intersex
- [ ] X

- [ ] X

Gender Identity

Pronoun

Email

Home Phone

Work Phone

Mobile Phone

Other Phone

Email Reminders *(Select only one)*

- [ ] None
- [ ] 2 hours before appointment
- [ ] 4 hours before appointment
- [ ] 6 hours before appointment
- [ ] 8 hours before appointment
- [ ] 12 hours before appointment
- [ ] 24 hours before appointment
- [ ] 48 hours before appointment
- [ ] 72 hours before appointment
- [ ] 96 hours before appointment

SMS Reminders *(Select only one)*

- [ ] None
- [ ] 2 hours before appointment
- [ ] 4 hours before appointment
- [ ] 6 hours before appointment
- [ ] 8 hours before appointment
- [ ] 12 hours before appointment
- [ ] 24 hours before appointment
- [ ] 48 hours before appointment
- [ ] 72 hours before appointment
- [ ] 96 hours before appointment

Address

Street Address

City

Postal Code

Country *(Select only one)*

- [x] Canada

Region *(Select only one)*

- [x] Ontario

Emergency

Name

Phone

Email

Relationship *(Select only one)*

- [ ] Dependant
- [ ] Other
- [ ] Parent
- [ ] Partner
- [ ] Sibling
- [ ] Doctor
- [ ] Lawyer
- [ ] Teacher
- [ ] Third-Party

Street Address

City

Postal Code

Country *(Select only one)*

- [ ] Canada

Region *(Select only one)*

- [ ] Alberta

- [ ] United States
- [ ] Hong Kong

- [ ] British Columbia
- [ ] Manitoba
- [ ] New Brunswick
- [ ] Newfoundland and Labrador
- [ ] Nova Scotia
- [ ] Northwest Territories
- [ ] Nunavut
- [ ] Ontario
- [ ] Prince Edward Island
- [ ] Quebec
- [ ] Saskatchewan
- [ ] Yukon
- [ ] Alabama
- [ ] Alaska
- [ ] Arizona
- [ ] Arkansas
- [ ] California
- [ ] Colorado
- [ ] Connecticut
- [ ] Delaware
- [ ] Florida
- [ ] Georgia
- [ ] Hawaii
- [ ] Idaho
- [ ] Illinois
- [ ] Indiana
- [ ] Iowa
- [ ] Kansas
- [ ] Kentucky
- [ ] Louisiana
- [ ] Maine
- [ ] Maryland
- [ ] Massachusetts
- [ ] Michigan
- [ ] Minnesota
- [ ] Mississippi
- [ ] Missouri
- [ ] Montana
- [ ] Nebraska
- [ ] Nevada
- [ ] New Hampshire

- [ ] New Jersey
- [ ] New Mexico
- [ ] New York
- [ ] North Carolina
- [ ] North Dakota
- [ ] Ohio
- [ ] Oklahoma
- [ ] Oregon
- [ ] Pennsylvania
- [ ] Rhode Island
- [ ] South Carolina
- [ ] South Dakota
- [ ] Tennessee
- [ ] Texas
- [ ] Utah
- [ ] Vermont
- [ ] Virginia
- [ ] Washington
- [ ] West Virginia
- [ ] Wisconsin
- [ ] Wyoming
- [ ] Hong Kong Island
- [ ] Kowloon
- [ ] New Territories

Other

Referral

Demographics

What is your current gender identity? (Please check all that apply) *(Select all that apply)*

- [ ] Male
- [ ] Female
- [ ] Transgender male/trans man/FTM
- [ ] Transgender female/trans woman/MTF
- [ ] Genderqueer

- [ ] Non-binary
- [ ] Prefer not to answer
- [ ] Other:

If you have selected "Other" in the question above, please specify:

What gender pronoun(s) do you prefer? *(Select all that apply)*

- [ ] He
- [ ] She
- [ ] They
- [ ] Zie
- [ ] Prefer not to answer

Do you think of yourself as: *(Select all that apply)*

- [ ] Lesbian, gay, or homosexual
- [ ] Straight or heterosexual
- [ ] Bisexual
- [ ] Prefer not to answer
- [ ] Other:

If you have selected "Other" in the question above, please specify:

What is your ethnic identity? (Please type into the field below.)

Primary language(s) spoken

Relationship Status *(Select only one)*

- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Remarried
- [ ] Common Law
- [ ] Other

If Relationship is "Other", please specify

Your partner's name (if applicable)

How many children do you have (if applicable)?*(0 - 20)*

None

What are your children's names? (if applicable)

Approximate ages of family members listed above (Mark "D" if deceased)

Who currently lives with you?

Employment

Employment Status *(Select only one)*

- [ ] Employed
- [ ] Unemployed
- [ ] Other

If "Employed", please tell us your Employer

If Employment is "Other", please specify

Do you have insurance coverage through your employment?

If so, who is the insurance provider?

Health Information and History

Family Physician Name

Family Physician Phone

Please describe any current medical problem(s)

Medications

Please list any medications you are currently taking, and your dose.

Medication #1

Medication #2

Medication #3

Medication #4

If you have been diagnosed with a mental health, learning or cognitive condition, please enter the diagnoses:

Prior Therapeutic Treatment

Please provide us with information regarding your prior therapeutic treatment, beginning with the most recent.

Prior Treatment Type

Prior Treatment Service Provider

Prior Treatment Dates of Service

Prior Treatment Contact Information

Are you currently working with other service providers (e.g. psychiatrist, nutritionist, etc.)? *(Select only one)*

- [ ] Yes
- [ ] No

If "Yes" to Other Service Providers, please specify

Who referred you to this service?

Referral Phone Number*(0 - 0)*

None

May we contact this person?*(Select all that apply)*

- [ ] Yes
- [ ] No

Do you have a preference for in-person or virtual services?*(Select all that apply)*

- [ ] Prefer in-person
- [ ] Prefer virtual
- [ ] Open to either

Do you have any preferences when it comes to your therapist? (i.e. gender preference, particular skill, etc.)

What are your main reasons for seeking treatment?

Are you working with any third-party providers? If yes, select an option below. *(Select only one)*

- [ ] WSIB
- [ ] VAC
- [ ] NIHB
- [ ] MVA
- [ ] RCMP

Informed Consent for Appointment Reminders

I consent to having appointment reminders sent to me by email or SMS text, based on the notice periods I have selected, to my mobile number and/or email address specified in this form.

- [ ] I consent to receiving appointment reminders to my mobile device and/or email address

Please enter today's date *(YYYY-MM-DD)*