



Harnessing Power to Transform

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INTAKE FORM

Date: ___ / ___ / ___
M D Y

Name: _____
Last First

Phone: _____ May I leave a message? Yes/No
Home Cell

Email: _____ May I email you? Yes/No

Address: _____

City Province Postal Code

Date of Birth: ___ / ___ / ___ Age: ___ Gender: _____
M D Y

Relationship Status: _____ Domestic Violence: Yes/No

Immediate Family Members (ie. partner; children; parents; siblings) (Name; Relationship; Age):

Occupation: _____

Recent Change/ Stresses/Losses/Life Transitions: _____

Medical Condition(s): Yes/No _____

Medication(s): Yes/No _____

Previous Psychological Diagnosis: Yes/No _____

How did you hear about my services? (Please Circle)

Friend/Family Member Professional Referral (Name) _____
Google Search Social Media (ie. Facebook) _____
Psychology Today Other (specify) _____