Volition Vocational

Client Intake Form

CONTACT DETAILS	
Intake Date:	
Name of Client:	
Date of Birth:	
Address:	
Phone:	
Email:	
Emergency Contact:	
Referred by (self or others):	
Date/Time of First Appointment:	
Preferred Days & Times:	
Notes:	

PERSONAL DETAILS	
Presenting Issues & Current Circumstances	
What are your reasons for seeking vocational rehabilitation or counselling services? **What are your primary concerns or issues?**	
How are you functioning in your daily life? Examples: sleep, rest, diet, nutrition, work, leisure, exercise, physical activity, love, relationships, stress management, substance use, etc.	
Do you have any diagnosed or self-identified health, medical, or psychological conditions?	
How ready are you for participating in vocational rehabilitation or counselling services? **How committed are you to making changes in your life?**	

Do you have any expectations or goals with our services?	
Family, Personal, & Relationship History	
What is your current relationship status? **Any concerns?**	
Do you have children or dependents? **What are their names and ages?**	
Who lives in your household?	
Do you have any past significant partnerships, marriages, separations, or divorces?	
Work History: **What are your current and past jobs (last 10 years or less)?**	
Education History: **What is your education and training?**	

Family of Origin History: **Who was in your family growing up?** **How were your relationships?** **Any concerns?**	
Health, Medical, Legal & Financial History	
Name and Contact of Family Practice Doctor, General Practitioner, or Walk-in / Urgent Care Clinic:	
Name and Contact of Psychiatrist, Psychologist, or Counsellor/Therapist:	
Name and Contact of Other Health Care Professionals or Treatment Providers:	
Current Medications or Herbal/Nutritional Supplements and Reasons for Use:	
Physical/Medical Health History: **Any health concerns?**	

Personal & Family Psychosocial/Mental Health History:	
Addictive Behaviors, Substance Use or Misuse (present and past):	
Abuse, Neglect, or Trauma History:	
Current Stressors:	
Legal History or Concerns (any arrests, criminal convictions):	
Financial and/or Work-Related Concerns:	
Cultural Identity	
Age:	
Abilities, Skills, and Strengths:	
Ancestry, Ethnicity, Race:	
Gender:	
Sexual Orientation:	
Socioeconomic Status:	
Religion or Spirituality:	

Other Important Aspects of Your Cultural Identity:	
Vocational Rehabilitation (VR) & Counselling History	
Where and with who? **What for?** **How long?** **What worked well and what didn't work well?** **Any other relevant info to share about past VR or counselling experiences?**	
Goal for Vocational Rehabilitation (VR) & Counselling	
What would you like to work on in VR or counselling services? **Is there a culturally responsive, safe, or therapeutic approach that you prefer?** **What is your desired outcome with VR or counselling?**	

Additional Information	
Any additional info you would like to share about yourself? This could include any thoughts, feelings, emotions, or behaviors related to your personal, career, or independent living goals.	

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Client's Name **VRC Professional's Name**

_____ _____

Client's Signature **VRC Professional's Signature**

_____ _____

Date **Date**