



dreamcatcher™
nature assisted therapy

Adult Intake Form

53044 RR #213 Ardrossan, Alberta, T8G 2C4

Ph: (780)-809-1047 Fax: (780)-809-1046

Email: info@dreamcatcherassociation.com

Website: www.dreamcatcherassociation.com

Client Information

<u>NAME</u>		<u>DOB: MM/DD/YR</u>	<u>PRONOUNS</u>
ADDRESS			
PHONE	#1)	#2)	
EMAIL			

Emergency Contact

Name	
Number	
Relationship to You	

Preferred Time of Day/Day of the Week

	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					
Evening					

Funding

Please provide insurance information if you would like us to attempt direct billing	
Please provide Treaty Number/Band Name if you would like us to attempt to direct bill ISC	
Please include any alternative coverage/funding here:	

Medical History

<p>Current Medications, Vitamins, Supplements: Please include current dosage and when it was prescribed. Please include if any vitamins, birth control or melatonin are taken.</p>	
<p>Medical Conditions: Please include physical conditions and/or any mental health diagnoses that you may have. Ex: asthma, heart murmur, ADHD, eczema, etc.</p>	
Do you have a compromised immune system? Are you sick easily? Any long-term illness?	
Do you have Down Syndrome?	
Do you have any cognitive impairments?	
Do you have any allergies? How do you manage them? Do you require an EpiPen?	
Do you have any phobias? Ex: spiders, needles, snakes, etc.	
Do you have any concerns not listed?	

Reasons for Referral

In this box, please describe any presenting issues that you are coming to us with, which may include behaviors, trauma, symptoms of mental disorders or possible mental disorders, and any other reasons you may be seeking out therapy.

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Goals. What would you like to accomplish?

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Additional Information

Is there a history of animal abuse? Have you witnessed it? If yes, please explain:	
Have you completed any assessments in the past 2 years? Ex: Psych-Ed assessments or IPP/Service Plans. If yes, please email copies to info@dreamcatcherassociation.com	
Do you have a psychiatrist? If yes, please provide their contact information	
Have you been in therapy before? If yes, when was your last session, how often did you attend and for how long? What type of therapy was it? Did you find it helpful?	
Are there other therapists currently involved? If yes, please provide their contact information	
Are you open to therapy now?	
Have you ever been hospitalized for mental health reasons?	
Have you ever been admitted to a treatment facility?	
Any extra things we should know about you? Here you can list any likes, dislikes, strengths, weaknesses, hobbies, or interests that you may have.	
What therapeutic medium are you most interested in? Animal Assisted*, Equine Facilitated Counselling*, EMDR, Art, Nature Assisted, Sandtray, Music, Talk, Play	*If choosing AAT or EFC, please note the first session is designed as a meet & greet with the animals.
How did you hear about us?	