

ABC Counselling Agency Intake Form

► Client's Basic Information

First Name: Adam Last Name: Carson

Date of Birth : Feb 5, 1982 Age: 41 Gender Identification/Pronouns: He/Him/His

Ethnic Background: White European (mixed)

Primary Language: English Is an Interpreter Required? Yes No

► Address & Contact Information

Address: 246 John St N

City/Town/Municipality: Hamilton Postal Code: L8L 3J8

Email: theinfiniteadam@gmail.com

Phone Numbers: HomeN/A WorkN/A Cell 905-512-8070

Is it safe to leave detailed message at home? Yes No At Work? Yes No On email? Yes No

How far did you travel today to get to our offices? Less than 5 km 5 - 70 km More than 70 km

► Family Members & Guardian Information – describe family members and the nature of the relationship:

- Mom & Dad – still married, 20 years older than him
- Younger brother (39) – lives alone in Toronto. Not particularly close. Very different people,
- Aunts and Uncles on both sides, grandparents on one side. Not particularly close with any of them. Have very different views of life

Other close/important relationships:

- Good friends – feels very supported in these non-biological relationships. Peers can communicate in the same language.
- Partner – Been together for just over 2 years, do not reside together
- Roommates – Resides with 2 roommates

► Parenting Arrangements (in situations of separation/divorce): Sole Custody Joint Custody

Please describe pertinent parenting arrangements:

N/A, no children

► Emergency Contact Information

Name: Jennifer Smith

Relationship: Partner Phone: 905-512-8778

Is there any emergency medical information we should know about? (allergies, medical conditions)

Comment: No

► **Current Services Accessed.** Please list and describe any current supports and services that you are engaged with:

No other services, has never attempted counselling. Has supportive friends who work in mental health, other friends provide emotional support as well. Does not want to “burden” his friends with this problem so came to counselling.

► **What issues are affecting you or your family at this time** (Indicate all that apply)

Anger/Irritability Issues **Relationship Issues** Blended or Step Family Issues Grief & Loss

Your use of Violence Child/Teen Behavior Self Esteem Depression/mood swings

Trauma Issues Parenting Issues Anxiety/ Worry/ Concerns

Gender Based Violence Experience of Abuse

Physical Health Issues/pregnancy/disability Sexual Behavior Issues

Adjusting to Life Transitions Stress Related Issues

Ministry of Children & Family Development Involvement Problematic Substance Use

Education/employment issues Lack of social support

Other (describe): Having trouble figuring out how to deal with parents.

Are there any urgent concerns we should be aware of? (e.g. legal, suicide, or medical issues) Yes No

If yes, please describe: __N/A_____

Are there any safety concerns we should be aware of? (e.g. issues relating to violence, risk taking behaviors, threats, abuse, harm to self or others?) Yes No

If yes, please describe: __N/A_____

Have you any concerns about misuse of alcohol or drug use by yourself or within your family?

Yes No

If yes, please describe use: Reports that in the past, he would have used alcohol to cope with problems. Does not report having current concerns with alcohol (doesn't really drink). Parents use alcohol regularly to cope. Feels that alcohol is part of their issue.

► **Education and Employment history**

Please describe information with respect to you or your family that you feel is important for us to know.

Was self-employed as musician, videographer, graphic designer, concert promoter for 15 years (until the COVID pandemic).

Now works 9-5 job where he needs to commute. This represents a significant change in lifestyle

► **Physical/Somatic Concerns:** Yes No

Sleeping: Stays up late watching TV – avoids sleeping

Nightmares/sweats: No

Headache: No

Stomach: No

Heart Palpitations: Yes – Blood boils, heart races.

Weight: No

Blood Pressure: No

Panic Attacks: No

Shortness of Breath: No

Appetite: No

Other: Bites nails

Use of alcohol to relieve stress? Yes No

Frequency: N/A, doesn't really drink any more

► **Past Issues & Current Challenges**

Is there any information with respect to you/ your family that you feel is important for us to know? (childhood abuse/neglect, relationship violence, trauma, family history, significant relationships, living situation)

Adam reports that he is currently having trouble figuring out how to deal with parents. He describes this relationship as "poor". Adam states that they seem to be "good parents" when things are good but whenever there is any form of conflict they ignore it and pretend that nothing ever happened. Adam expresses that he needs to deal with repercussions of this and parents treat him like he is the one with the problem. Feels he cannot bring these things up and is on the cusp of cutting parents out of his life.

Also, big life changes that occurred throughout the pandemic with regards to employment and social relationships.

Culture and Spiritual Beliefs

Please describe information that you feel is important for us to know.

N/A

► **Strengths, Abilities, & Interests**

Please describe any strengths, abilities, supports, or interests that you, or your family has that could help in addressing the issues or challenges you face:

Strengths: Dependable, caring, honest, trustworthy

Abilities: Music, problem-solving, creative

Supports: Friends and partner.

Interests: Music, art, videography, politics, philosophy. Likes being challenged and thinking. Not enough energy to participate in everything right now. Used to do martial arts, cycling. Enjoys being with people, planning things/events, used to busk

► **Service Delivery Preferences**

Are there any needs, preferences, or assistive requirements you have regarding receiving services from the ABC Counselling Centre? If so, please describe:

N/A

CLIENT INFORMATION SHEET

We ask that you please read the following information and sign at the bottom.

Cancellation/No Show Policy:

In our effort to reduce the amount of time clients have to wait for service we ask that if you are unable to keep an appointment that you inform us **24 hours in advance**. This will allow us to fill your time slot with someone from our waitlist. *If you miss two appointments, without notifying us in advance, the administration staff may not be able to re-book you.* It will then be necessary to contact your counsellor for further direction. **Please do not come if you are sick, we will be pleased to rebook your appointment.**

Limits of Confidentiality:

Your attendance at this office and sessions with a counsellor will be kept confidential. No material or information will be released without your signed consent except under the following conditions:

1. **The Child, Family and Community Service Act** requires that we report to the Ministry for Children and Family Development any disclosure of a child under 19 who is at risk for abuse or neglect.
2. If you share information indicating that you pose a threat to harm yourself or another person, the counsellor will take the necessary action to ensure your safety and/or the safety of others.
3. The counsellor is bound by law to provide information in the following situations: a) Subpoenaed to appear before a court; b) Issued a police search warrant; c) Subpoenaed by a Coroner's Inquiry
4. Your counsellor is required to allow the review of client files for the purpose of clinical supervision and case consultation. Your confidentiality will be protected during this review.
5. Your personal information will be entered into a database (called Counselling Trac). Information is encrypted and stored on an offsite site webserver which is highly secure. *Non-identifying elements* such as survey results *may be* used for agency statistical reporting.

I have read and understood the information contained in the client intake package. I have the right to ask my counsellor any questions or have clarified any of the information that I have received from the ABC Counselling Centre.

Client Signature: Adam Carlson Date: May 27, 2023

Counsellor Signature: [Signature] Date: May 27, 2023