



Dr. Wendy LeDoux

NEW CLIENT INTAKE FORM

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Please complete this form before your first appointment. The details you share help us match you with the right clinician and prepare for your care, and they are kept confidential as part of your clinical record. If any question feels difficult to answer, you are welcome to leave it blank and discuss it with your clinician.

1. Your Information

First name

Last name

Preferred name (if different from above)

Pronouns

He/Him She/Her They/Them Other

If other, please specify

Date of birth (DD / MM / YYYY)

Occupation (if any)

2. How to Reach You

Phone

Email

Can we leave you a phone message?

Yes No

Street address

Address line 2

City

Province / Region

Postal code

Country

3. Emergency Contact

Emergency contact name

Phone number

Relationship to you

4. About Your Care

What is your primary reason for seeking counselling?

Are you or a family member already seeing someone in our facility?

Yes

No

Family member name (if applicable)

Relationship to you

Mental health diagnosis (if any)

Do you believe there is a need for a diagnosis?

Yes

No

If yes, what do you think the diagnosis may be for?

Are you at risk of harming yourself and/or others?

Yes

No

Do you have unusual experiences, such as hearing voices that other people cannot hear, or seeing things that other people cannot see?

Yes

No

5. Availability

What time of day are you available for a session? Check all that apply.

Morning

Afternoon (12pm to 4pm)

Evening (after 4pm)

Weekend

6. Insurance & Billing

Do you have extended health coverage for the services of a Registered Psychologist? Yes No

What type of therapist do you have coverage for? Check all that apply.

Psychologist Psychotherapist Social Worker Counsellor

Coverage amount per month

Coverage amount per year

Are you a WSIB client? Yes No

WSIB case manager / nurse consultant name

Referred by

Family physician

Family physician phone

7. Anything Else

Additional notes you would like to share

Acknowledgement

By signing below, I confirm that the information I have provided is accurate to the best of my knowledge.

Signature

Date
