

Prairie Institute of Expressive Arts Therapy
Carmen Richardson Counselling
1528 12th Ave SW
Calgary, AB T3C 0P9

Client Intake Form - Adult

Date of Referral: _____

Referring Person/Agency: _____ Phone: _____

Client Name: _____ Age: ____ DOB: _____

Partner: _____ Age: ____ DOB: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____

Family Doctor: _____ Phone: _____

Please list any major health concerns: _____

Are you presently on any medications? Yes ___ No ___

If yes, name of medication(s), purpose and amount: _____

Reason For Referral:
