
Ian Robertson Social Work Professional Corp.

Name _____ Date of Birth _____
Address _____ City _____
Postal Code _____ Email _____
Home Phone _____
Cell Phone _____

Do you consent to me leaving messages on your voicemail? Yes No

How did you hear about our agency? (Please circle and/or identify)

- Ian Robertson Social Work Professional Corp webpage
- Psychology Today webpage
- Theravive webpage
- Referred by
 - Social Service agency _____
 - Medical provider _____
 - Counsellor/Therapist _____
 - Friend
- Another source _____

What is the primary issue or concern that brought you to therapy today?

Are you receiving services for this issue from other professionals? Yes No

If 'yes', by whom _____

What things have you done to try and resolve this issue which has brought you here today?

Have you had suicidal thoughts in the last 30 days? Yes No

If Yes, have you had suicidal thoughts in the last week? Yes No

If 'yes', are you currently experiencing suicidal thoughts today? Yes No

Do you have current charges pending? Yes No

Are you in family court or litigation? Yes No

Are you in criminal court/litigation? Yes No

Are you in civil litigation? Yes No

Is there any FACS involvement currently? Yes No