



Counselling and Psychological Services

Pickering Location
1550 Kingston Road, Suite 217, Pickering, Ontario, L1V 1C3
T: 905-231-CARE (2273) F: 905-492-3386 W: www.lifecarecentres.com

Assessment Intake Form

Name of Person to be Assessed: _____

Birthdate: _____ Current Grade: _____ Handedness: Left Right

Street Address: _____

City: _____ Postal Code: _____

Telephone: _____ Office: _____ Cellular: _____

Email Address (print clearly): _____

Do you have insurance coverage for psychological services? [] Yes [] No

If yes, how much coverage is available:

Per person? _____ Per psychological session? _____ Per year? _____

Have you/your child ever had an assessment? [] Yes [] No

If yes, name of assessor: _____ When? _____

For what purpose? _____

Reasons for current assessment: _____

Current concerns: _____

Have you/your child ever been diagnosed with anything? If yes, please explain: _____

How did you hear about our services?

- [] Doctor Name of doctor _____
[] Pastor Name of pastor _____
Name of church _____
[] School Name of school/teacher _____
[] Friend _____ [] Yellow pages [] Internet [] Other _____