

Outtake Form

Date: _____

Your wellbeing is important to us. This outtake form allows us to learn more about our effectiveness and how we can serve you better. If we can assist you in any way in the future, please feel free to contact us again.

All information you provide is confidential.

Name:

	<u>Month</u>	<u>Day</u>	<u>Year</u>
Last _____	First _____	DOB: ____ / ____ / ____	Age: ____
Last _____	First _____	DOB: ____ / ____ / ____	Age: ____
Last _____	First _____	DOB: ____ / ____ / ____	Age: ____

If your contact information has changed since you completed your intake, please indicate your new information below.

New Contact Information: _____

Counsellor _____ **RCC #** _____

General Health and Mental Health Information

1. How would you rate your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

2. How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

3. How many times per week do you generally exercise? _____

4. Please list any positive changes you have experienced with your appetite or eating patterns since you started counselling.

5. Do you currently experience overwhelming sadness, grief or depression?

Never Rarely Sometimes Often Always

6. Do you currently experience anxiety, panic attacks or have any phobias?

Never Rarely Sometimes Often Always

7. Do you currently experience any chronic pain?

Never Rarely Sometimes Often Always

8. Are you currently taking any prescription (including psychiatric) medication?
 No Yes

a. Please list. _____

9. How often do you consume alcohol?

Daily Weekly Monthly Infrequently Never

a. On average, how much alcohol do you consume when you drink?

1-5 drinks 5-10 drinks more than 10 drinks

10. How often do you engage recreational drug use?

Daily Weekly Monthly Infrequently Never

11. Are you currently in a relationship (including marriage and common law)?

No Yes

a. Since coming to Cares Counselling, the relationships in my life have improved.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Comments: _____

12. Please list any significant life changes or stressful events that you have experienced since starting counselling.

Additional Information

1. Are you currently employed? No Yes

a. If yes, what is your current employment situation? _____

2. Do you consider yourself to be spiritual or religious? No Yes

a. Has your spirituality been impacted by your treatment?

3. What is your overall level of satisfaction with Cares Counselling?

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Comments: _____

4. My counsellor understood and respected me.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Comments: _____

5. We worked on or talked about what was important to me.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Comments: _____

6. The therapist's approach was a good fit for me.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Comments: _____

7. I am working towards or have met my therapy goals.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Comments: _____

8. Is there anything else you would like us to know about your experience with Cares Counselling?

Thank you for your assistance in helping to ensure Cares Counselling continues to provide quality care within our community.