Adult Intake Form

dreamcatcher™
nature assisted therapy

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Client Information

NAME	DOB: MM/DD/YR	PRONOUNS

ADDRESS		
PHONE	#1)	#2)
EMAIL		

Emergency Contact

Name	
Number	
Relationship to You	

Preferred Time of Day/Day of the Week

	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					
Evening					

Funding

Provide Insurance/FSCD/Funder/Treaty Number if you would like us to attempt direct billing. Please note: not all therapists can direct bill and not all insurance allows direct billing		
All Private Client Files must have a current credit card, expiry, and CVV on file. Please list it here	Name on Card:	Expiry:
	Number:	CVV:
Please include any alternative coverage/funding here:		

Medical History

Current Medications, Vitamins, Supplements: Please include current dosage and when it was prescribed. Please include if any vitamins, birth control or melatonin are taken.	
Medical Conditions: Please include physical conditions and/or any mental health diagnoses that you may have. Ex: asthma, heart murmur, ADHD, eczema, etc.	
Do you have a compromised immune system? Are you sick easily? Any long-term illness?	
Do you have Down Syndrome?	
Do you have any cognitive impairments?	
Do you have any allergies? How do you manage them? Do you require an EpiPen?	
Do you have any phobias? Ex: spiders, needles, snakes, etc.	
Do you have any concerns not listed?	

Reasons for Referral

In this box, please describe the reasons you are seeking therapy.

Goals. What would you like to accomplish?

Additional Information

Is there a history of animal abuse? Have you witnessed it? If yes, please explain:		
Have you completed any assessments in the past 2 years? Diagnostic assessments, for example. If yes, please email copies to info@dreamcatcherassociation.com	☐Educational Assessment ☐Psychological Assessment ☐Neurodevelopmental ☐Speech	☐ Medical ☐OT ☐PT ☐ Other:_____
Do you have a psychiatrist? If yes, please provide their contact information		
Do you have any other support services? Please provide their names.	☐IPP (date):	☐OT
	☐Medical	☐PT
	☐ Therapy/Counselling	☐Speech
	☐CFSA	☐Other
Have you been in therapy before? If yes, when was your last session, how often did you attend and for how long? What type of therapy was it? Did you find it helpful?		
Are there other therapists currently involved? If yes, please provide their contact information		
Are you open to therapy now?		
Have you ever been hospitalized for mental health reasons?		
Have you ever been admitted to a treatment facility?		
Any extra things we should know about you? Please list any likes, dislikes, hobbies, strengths, weaknesses, or interests		
What therapeutic medium are you most interested in? Animal Assisted*, Equine Facilitated Counselling*, EMDR, Art, Nature Assisted, Sandtray, Music, Talk, Play	*If choosing Animal or equine assisted therapy, please note that in the first session, you will spend time with your therapist meeting the animals and becoming comfortable in the setting. See below for a further explanation of this initial session.	
How did you hear about us?		

Please note, the initial session of animal assisted therapy serves as a pivotal opportunity for clients and therapists to establish rapport and familiarity within the therapeutic setting. Clients are invited to explore the outdoor therapeutic environment with their therapist and meet our therapy animals, laying the foundation for trust and comfort within the therapeutic alliance. During this session, the therapist conducts a functional assessment to gain deeper insight into the client's needs and preferences, including identifying the animal partner they may resonate with or wish to work with. This assessment informs the development of a tailored treatment plan, ensuring a holistic and client-centered approach to animal-assisted services (AAS) that will meet the therapeutic needs of the client.