

## Client Intake form

### Personal Information

Client Ref # \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Language: \_\_\_\_\_

### Demographic Information

<b>Employment status prior to intervention</b> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Decline to Answer <input type="checkbox"/>	
<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer <input type="checkbox"/>	<b>Pronoun</b> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
<b>Type of Disability</b> <input type="checkbox"/> Agility/Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Cognitive <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer	
<b>Member of Visible Minority</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
<b>Member of Indigenous Group</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Decline to Answer	
<b>Are you a recent new Immigrant to Canada?</b>	

Yes  No  Decline to Answer

## Computer Information

Do you have access to a computer, tablet or phone?

Yes  No

What kind is it? (Laptop/Desktop, Win/Mac, Office, Samsung, iPad)

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Do you currently have Internet access?

Yes  No

Current experience with Technology/computers (including any assistive technology used)

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## Additional Information

Any Additional Information (Availability/Computer Skills/Etc.) -

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