Welcome Form - Mestra Clinic

Please note that if you feel uncomfortable answering certain questions in writing, you can leave the spaces blank. If necessary, missing information can be provided verbally.

First name (or chosen name)	
Last name	
Gender and pronouns	
Sexual Orientation	
Date of birth	
Residential address (including city and postal code)	
Phone number	
Email address	
Job/Occupation	

Do you also speak French, and would you be comfortable with bilingual (Frenglish/franglais) sessions? *Note: The team has limited capacity to offer fully English-speaking counselling sessions.*

Yes / No

Preferred mode of communication:

- Phone
- Text messages
- Email

Do you allow us to leave voicemails?

- Yes
- No

Emergency contact – if you are attending with your partner(s), please provide someone else.

Full name	
Phone number	
Relationship (eg., sibling, partner, etc.)	

Why are you seeking therapy?

What are your expectations of therapy?

Would you agree to see one of our interns? (Limited-time follow-up, in person, sessions recorded for supervision purposes [psychotherapy only], possibility of being seen more quickly as the waiting list is shorter; for more information, visit cliniquemestra.com/en/services-stagiaires)

Yes / No

Have you ever done therapy or psychotherapy in the past?

- Yes
- No

If so, what were the challenges you addressed at the time?

What did you get out of the process?

Are you currently seeing a healthcare professional? If so, specify:

Are you taking medication on a regular basis?

- Yes
  Please specify which one(s):
- No

Do you know if some family members have mental health diagnosis? (for eg., anxiety disorder, depression, borderline personality disorder, etc.)

If so, please specify:

What name should be on the receipts (legal name)?

- Same as the name above
- A different name:

How did you hear about our services?

- Online search
- Social media
- Referral from a relative
- Community worker/counsellor
- Public services worker/counsellor (CIUSSS, CLSC, hospital, etc.)
- Private sector worker/counsellor (medical clinic, polysocial clinic, etc.)
- Training worker/counsellor (a teacher, self-reference after a conference by one of the Mestra team members, etc.)
- Other, specify:

Declaration of conflicts of interest

Do you have any conflicts of interest to disclose, i.e. do you know anyone at the clinic or do you have any significant ties to anyone who consults a professional at the Mestra Sexology Clinic?

- No
- Yes

  Which professional(s) is/are involved?