Counselling Intake Form

Name ……

Address ……

Telephone ……

Email ……

Age: ……. Gender……

Marital Status:

☐ Never Married ☐Domestic Partnership ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Who lives in the home?

Have you had any past counselling/psychological services? When?

Are you currently taking any prescription medication? ☐ Yes ☐ No If yes, please list:

How is your physical health at the moment?

Have you ever experienced any kind of serious accidents or surgeries?

How often do you drink alcohol?

☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

Phone: +61 476 112 145 **Email:** anne@mindfulnesscounselling.com.au
151 Boundary Road, Bardon Qld 4065 Australia

Do you engage in recreational drug use and if so, how often?

Have you ever been prescribed psychiatric medication? ☐ Yes ☐ No If yes, list and dates:

Have you or any family member ever been hospitalized for psychiatric reasons?

Have you had any experiences that you would consider traumatic or extremely disruptive?

What do you consider to be some of your strengths?

What concerns would you like to address in therapy?

When did this start becoming a problem?

What have you tried so far to deal with these concerns?

What changes would you like to see?

Is there anything else you think I should know?