



Davina Counselling & Psychotherapy – Adult Intake Form

Supporting you with care, clarity, and respect

Client Details

Name: _____

Date of Birth: _____

Preferred Name: _____

Pronouns: He/Him/His She/Her/Hers They/Them/Theirs Prefer not to say

Contact Number: _____

Email: _____

Address: _____

Emergency Contact Name & Number: _____

GP Name & Clinic: _____

Mental Health History

Please share what feels comfortable. This helps us understand your journey and tailor support to your needs.

- Have you ever been diagnosed with a mental health condition?

☐ Yes ☐ No ☐ Unsure If yes, what was the diagnosis?

- Have you ever been hospitalised for mental health reasons?

☐ Yes ☐ No ☐ Unsure If yes, can you share the reason for admission?

- Have you ever received a Mental Health Care Plan from your GP?

☐ Yes ☐ No ☐ Unsure

- Have you experienced any of the following? (tick all that apply)

☐ Anxiety ☐ Depression ☐ Trauma/PTSD ☐ Eating concerns ☐ Mood changes ☐ Panic attacks ☐ Self-harm ☐ Suicidal thoughts

☐ Other (please specify): _____

- Have you ever made a suicide attempt?

☐ Yes ☐ No If yes, how long ago? _____

- Are you currently experiencing thoughts of suicide or self-harm?
- ☐ Yes ☐ No ☐ Prefer not to say

If yes, would you like support with this today? _____

- Have you had any experiences with addiction or compulsive behaviours?

☐ Alcohol ☐ Drugs ☐ Gambling ☐ Gaming ☐ Social media ☐ Pornography ☐ Sex
☐ Other: _____

Would you like support with this? _____

- Do you currently use recreational drugs or alcohol?

☐ Yes ☐ No If yes, please describe: _____

Past Counselling & Support

- Have you had counselling or psychological support in the past?

☐ Yes ☐ No ☐ Unsure

If yes, please describe:

When? _____

Where? _____

How long? _____

- What was the focus of the counselling?

- Do you recall any therapeutic approaches used (e.g., CBT, EMDR, ACT)? _____
- What did you find helpful or unhelpful?

- What brings you to counselling now?

- What would you like to experience that feels different from your current situation?

- What would you like to work on in therapy?

Personal Context & Strengths

- Are there any cultural, spiritual, or personal values you'd like me to be aware of?

- Have you experienced any significant life changes (e.g., grief, separation, relocation)?

- What are your strengths? What helps you feel safe or calm?

Any other information you would like us to know about you?
