Client Intake Form.

Transform Counselling & Coaching

If you prefer, we can discuss any of the information in this form in person.

Pleasesseeour **Privacyand Confidentiality Agreement** for details about how your information will be protected

Spouse Name Other Significant Relationships (parents, children, siblings, etc.) Emergency Contact Name Contact Phone	ok to leave messages? □Yes □No
Address Suite Postcode Email (only include if it is of Preferred Phone Number Ok to identify caller? Yes No No First Language Ethnic/Cultur Preferred Pronouns She/her/hers She/him/his Sthey/their Other (please specify Relationship Status Select One Single Dating Living with partner Married Spouse General Spouse Name Spouse General Spouse Spouse Other Significant Relationships (parents, children, siblings, etc.) Emergency Contact Name Contact Phone AlternativeContactNumber Permission to the parents Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse	urb to email) Ok to leave messages? □Yes □No
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Relationship to You	
Health & Medical Details	
GPName GP Practice	
Medication (if relevant)	

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Pleasesseeour PrivacyandConfidentialityAgreement fordetailsabouthowyourinformationwillbeprotected Diagnosed/Suspected Health Conditions (including Mental Health)
Previous Experience of Counselling/Psychotherapy

Other Information

Reason for seeking counselling
Anything else you would like me to know about you or which might be important for me to know?
How did you hear about this counselling service?