Client Intake Form.

Transform Counselling & Coaching

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

Pleasesseeour**PrivacyandConfidentialityAgreement**fordetailsabouthowyourinformationwillbeprotected

Referred by(if applicable) Date DD / MM / YYYY

Personal Details

First Name Surname D.O.B DD / MM / YYYY

Address Suburb

State Postcode Email (only include if it is OK to email)

Preferred Phone Number Ok to identify caller? ☐Yes ☐ No Ok to leave messages? ☐Yes ☐No

First Language Ethnic/Cultural Identity

Preferred Pronouns

☐she/her/hers ☐he/him/his ☐they/their ☐Other (please specify)

Relationship Status

Select One

☐Single ☐Dating ☐Living with partner ☐Married ☐Separated ☐Divorced ☐Widowed

Spouse Name Spouse Gender Pronouns

Other Significant Relationships (parents, children, siblings, etc.)

Emergency Contact

Name Contact PhoneNumber

AlternativeContactNumber Permission to contact in case of emergency?

☐Yes ☐No

Relationship to You

Health & Medical Details

GPName GP Practice

Medication (if relevant)

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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?