

COUNSELLING INTAKE FORM

PERSONAL INFORMATION

Please note: This information is confidential to your counsellor unless you give consent otherwise.

Client Name: _____ D.O.B: _____ Current Age: _____

Client 2 Name: _____ D.O.B: _____ Current Age: _____
(If Applicable)

Relationship Status: _____

Client Address: _____

State: _____ Postcode: _____

Client Phone: _____ Client Email: _____

Client 2 Phone: _____ Client 2 Email: _____

Employment status: _____

Accommodation status (renting, mortgage, or lodge)? _____

Emergency contact name, phone & email: _____

Ethnicity or religion: _____

Referred by: _____

MEDICAL AND MENTAL HEALTH HISTORY

Describe your general health: _____

Have you (or your partner) been diagnosed with any physical illness, past or current?

Yes / No

If yes, when and what illness? _____

Have you (or your partner) previously accessed any type of mental health services (psychologist, counselling, psychiatric, mental health services, etc)? **Yes / No**

If yes, for what reason and when?

Do you (or your partner) have any mental health diagnosis, past or current? **Yes / No**

If yes, what diagnosis and when?

Are you (or your partner) currently using any prescribed medication? **Yes / No**

If yes, what medication are you taking, for what, and for how long?

Do you (or your partner) have problems with alcohol, drugs, self-medicating addiction, or gambling, past or present? **Yes / No**

If yes, when?

How frequent?

Do you (or your partner) have any disabilities that we need to be aware of impairment etc?

Yes / No If yes, what?

Have you (or your partner) ever attempted suicide or inflicted self-harm? **Yes / No**

If yes, how many times?

When was the first time?

When was the last time?

Have (or your partner) you ever had suicidal thoughts? **Yes / No**

If yes, when was the first time?

When was the last time?

Do you (or your partner) currently have a suicide plan? **Yes / No**

FAMILY & RELATIONSHIP HISTORY (for individual clients only)

Are you currently in a violent relationship? **Yes / No**

Are you (or your children) in immediate danger right now? **Yes / No**

Are you afraid of your partner? **Yes / No**

Do you worry that therapy might lead to violence or abuse? **Yes / No**

Does your partner know you are seeking counselling? **Yes / No**

Have you or your partner ever placed a DVO/AVO against the other? **Yes / No**

If yes, briefly explain:

Briefly describe your childhood (consider these: living conditions, socioeconomic background, upbringing, parenting styles, who you lived with, trauma, abuse, assault etc):

FEES SCHEDULE (due at the end of each session)

Service	Duration	Fee Amount
Individual Counselling	50 minutes	\$150
Couples Counselling	90 minutes	\$280
Pre-Marital Counselling	75 minutes	\$200
NDIS Counselling	50 minutes	As per agreement
Concession Rate	Must be eligible	\$30 off

Do you require financial subsidy assistance (must apply & be eligible)? **Yes / No**

CONFIDENTIALITY AGREEMENT/INFORMED CONSENT

Confidentiality is maintained for clients as far as possible but when a client is at risk, confidentiality must be waived, and the appropriate authorities notified. Such situations include the following:

1. The client is at risk of serious self-harm or of considering suicide
2. Of harming another person or committing homicide
3. Abuse of children is a mandatory reporting offence
4. If subpoenaed by the courts

Where confidentiality cannot be maintained the counsellor will take all possible steps to first inform/discuss their intention with the client.

I hereby give consent to proceed with the counselling relationship. It is agreed that either of us may discontinue the relationship at any time.

I have read the above and understand the counsellor's social and ethical responsibility to make such decisions where necessary. I understand and agree to these conditions concerning privacy and confidentiality.

Name:

Signature:

Date:

(Client)

Name:

Signature:

Date:

(Parent/ Guardian/Other Persons – Where Applicable)