Mohamed Rima
INDIVIDUAL & MARRIAGE COUNSELLING

Ph: 0406 151 169
E-mail: info@mrcounselling.com.au
Level 1, 230 Macquarie Street, Liverpool
Australian Counselling Association Reg #12235

COUNSELLING INTAKE FORM

PERSONAL INFORMATION

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

***About this form**: This form is used for both individual and couples counselling. If you are attending as an individual, please answer only the questions about yourself. If you are attending as a couple, please answer the "you (or your partner)" questions for both partners.*

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 (for emergency situations while in session):

Referred by:

Ethnicity / cultural / religious background:

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MEDICAL AND MENTAL HEALTH HISTORY

Describe your general health:

Have you (or your partner) been diagnosed with any permanent physical illness?
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?

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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 plan to end your life? **Yes / No**

DOMESTIC VIOLENCE LEGAL HISTORY

Are you currently in a violent or unsafe 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 been involved in any DV related legal matters, including past or current ADVO's, police reports, charges, or court proceedings? **Yes / No**

If yes, briefly explain:

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HELP ME HELP YOU

Why have you come to counselling? What are your current problems or concerns you would like to seek help for? What are your best hopes for counselling?

NDIS

Do you have a NDIS plan? **Yes / No**

If yes, what management plan do you have?

(Self-Managed, Plan Managed, or Agency Managed)

Plan Management Organisation:

Contact name:

NDIS reference number:

Contact phone:

Email to send invoices:

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FEES SCHEDULE (due at the end of each session)

Service	Duration	Fee Amount
Individual Counselling	50 minutes	$200
Couples Counselling	60 minutes	$300
Initial Couples Counselling	90 minutes	$300
Pre-Marital Counselling	60 minutes	$250
NDIS Counselling	50 minutes	As per agreement
Concession Rate	Must be eligible	$30 off

Do you require financial subsidy assistance?
(must apply & be eligible to receive the $30 concession) **Yes / No**

Cancellation & Rescheduling Policy

To maintain a consistent and reliable service for all clients, the following cancellation and rescheduling conditions apply:

Notice Period

A minimum of 24 hours' notice is required to cancel or reschedule an appointment. This allows the session time to be offered to another client.

Late Cancellations & Missed Appointments

Cancellations made with less than 24 hours' notice, or failure to attend a scheduled session, will incur 50% of the session fee. This applies regardless of the reason, unless there are exceptional circumstances at my discretion.

Arriving Late

Sessions begin and end at the scheduled time. If you arrive late, the session will still finish at the original end time, and the full fee applies.

Therapist Cancellations

If I need to cancel or reschedule a session, I will provide as much notice as possible and offer the next available appointment time.

Ongoing Non-Attendance

Repeated cancellations, no-shows, or chronic lateness may result in the discontinuation of services at my discretion.

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BOUNDARIES & EXPECTATIONS

To maintain a safe, respectful, and effective therapeutic environment, the following boundaries and expectations apply to all clients. These guidelines protect both the counselling process and the wellbeing of everyone involved.

Professional Boundaries

Counselling is a professional relationship. Communication outside of sessions is limited to scheduling, brief clarifications, or sharing relevant documents. I do not engage in ongoing emotional support, crisis counselling, or therapeutic conversations outside booked sessions. This ensures the work remains structured, contained, and effective.

Respectful Conduct

All interactions must remain respectful, calm, and safe. Abusive, aggressive, or inappropriate behaviour — in person or through messages — will not be tolerated. If such behaviour occurs, services may be paused or discontinued at my discretion.

Attendance & Punctuality

Sessions begin and end at the scheduled time. Arriving late reduces the time available for your session. Consistent cancellations, no-shows, or chronic lateness may result in the discontinuation of services.

Therapeutic Fit

Effective counselling requires a good therapeutic fit. If at any point I determine that I am not the best practitioner for your needs, or that the therapeutic relationship is no longer appropriate, I may discontinue services at my discretion. Referrals will be provided where possible.

Client Responsibility

Clients are expected to participate actively, complete agreed-upon tasks or reflections between sessions, and communicate openly about their goals and concerns. Therapy is most effective when both parties engage with clarity and commitment.

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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.

The counselling relationship may be terminated at the counsellor's discretion if it is determined that services are no longer beneficial or appropriate and will offer referrals where possible.

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.

Please print, complete, and sign this form, and bring it with you to your first appointment. If your session is online, you may email the completed and signed form prior to your appointment to info@mrcounselling.com.au

Name:	**Signature:**	**Date:**
(Client)		

Name:	**Signature:**	**Date:**
(Parent/ Guardian/Other Persons – Where Applicable)		