E-mail: info@maecounselling.com
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# 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:

## NDIS

Do you have an 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: