



## 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: \_\_\_\_\_

Do you affiliate to a religion & do you consider yourself religious/spiritual? \_\_\_\_\_

How did you hear about our counselling services? \_\_\_\_\_

### MEDICAL AND MENTAL HEALTH HISTORY

Describe your general health: \_\_\_\_\_

Have you been diagnosed with any illness, past or current? **Yes / No**



---

If yes, when and what illness?

---

---

Have you 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 have any mental health diagnosis, past or current? **Yes / No**

---

If yes, what diagnosis and when?

---

---

Are you currently using any prescribed medication? **Yes / No**

---

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

---

---

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

---

If yes, when?

---

How frequent?

---

Do you have any disabilities that we need to be aware of eg. hearing, sight impairment etc?

---

**Yes / No** If yes, what?

---

Have you 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 you ever had suicidal thoughts? **Yes / No**

---

If yes, when was the first time?

---



---

When was the last time?

---

---

Do you currently have a suicide plan?      **Yes / No**

---

---

## **TRAUMA AND CHILDHOOD HISTORY**

---

Have you experienced domestic / family violence, past or present?      **Yes / No**

---

If yes, please briefly explain when:

---

---

---

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?      **Yes / No**

---

---

---

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

---

Have you ever been convicted of a crime?      **Yes / No**

---

If yes, briefly explain:

---

Have you experienced any childhood assault, neglect, or abuse?      **Yes / No**

---

If yes, briefly explain:

---

Does anyone else know about it?      **Yes / No**

---

---

Briefly describe your childhood (consider these: living conditions, parenting styles, who you

---





---

## 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:

---

## FEES SCHEDULE (due at the end of each session)

---

Service	Duration	Fee Amount
<b>Individual Counselling</b>	50 minutes	\$120
<b>Couples Counselling</b>	75 minutes	\$250
<b>Family Counselling</b>	60 minutes	\$150
<b>Pre-Marital Counselling</b>	TBA	TBA
<b>NDIS Counselling</b>	50 minutes	As per agreement

---



---

## **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)*