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:

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?

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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?

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?

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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 lived with, punishment styles, trauma, abuse, assault etc):

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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? Are you currently experiencing anxiety, overwhelming, sadness, grief, or depression? What are your best hopes for counselling?

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FEES SCHEDULE (due at the end of each session)

Service	Duration	Fee Amount
Individual Counselling	50 minutes	$180
Couples Counselling	90 minutes	$290
NDIS Counselling	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)