

## **InPower Counselling Client Intake Form**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Contact number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb:

\_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to be contacted via email? Y/N

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: F/ M/ Other \_\_\_\_\_

Your cultural background? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

What brings you here today? \_\_\_\_\_

In a few words, please describe what you would like to talk about or do differently:

\_\_\_\_\_

Any past psychiatric complaints? \_\_\_\_\_

Anyone in your family your immediate family with psychiatric complaints? \_\_\_\_\_

Have you ever considered or attempted suicide? \_\_\_\_\_

Have you ever been in trouble with the authorities other than minor traffic offences? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_

How would you describe your eating patterns? \_\_\_\_\_

Have you had counselling before? \_\_\_\_\_

How was this experience for you? \_\_\_\_\_

\_\_\_\_\_

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

Are you taking any medication? Y/N

Details: \_\_\_\_\_

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All appointment cancellations are required to be made within **24 hours** prior to your appointment to avoid being charged **50%** of the **consultation fee**. Thank you, all information on this form remains private, confidential and is stored in a secured and locked location.