ELIZA KATE
COUNSELLING

Full Name _____

Address _____

Date of Birth _____ Religion _____

Marital Status _____ Gender _____

Contact Ph _____ Email _____

Have you attended Counselling previously?
- Yes
- No

Preference for regularity of support?
- Weekly
- Fortnightly
- Monthly

Main reason for seeking support? _____

Medical History

Previous Health Diagnosis, If any _____
(Mental Health Diagnosis or Physical Conditions)

Prescribed Medication _____
(if applicable)

Current GP _____ Contact: _____
(Doctors name & Clinic)

Daily Functioning & Wellbeing

How intense is your emotional distress? Where 0 is not at all, and 10 is incapacitating

1 2 3 4 5 6 7 8 9 10

Goals

What do you hope to achieve by attending Counselling? (List up to 3 Goals)

1) _____

2) _____

3) _____

Background Information

Current Employment _____

Full time/ Part time/ Not applicable? _____

Please describe in further detail your main struggles currently that impact your daily life:
(Example: anxiety, substance abuse, relationship conflict, sleeping problems, chronic pain etc)

_____

_____

_____

_____

Do you feel you have a stable support network currently? (Tick either Yes or No)

- Yes
- No

Session Plan

Please list below preferred days and times for your sessions

_____

Please tick below preferred regularity of sessions

- Weekly
- Fortnightly
- Monthly

in case of an emergency, please list below a contact nominee:

Name: _____ **Contact Ph:** _____

Please sign below to confirm that you have reviewed all documents provided including privacy policy, code of conduct and client rights, consent form, and you acknowledge acceptance of pricing list provided in line with requested appointment type and fee charged

Signature _____