Room to Reflect Counselling 

INTAKE FORM

**PERSONAL DETAILS**

Name:

DOB:

Race/Ethnic Origin:

Religion:

Contact phone number:

Email:

Address:

# **HEALTH CONCERNS:**

In general, is your health:

\_\_\_\_\_\_\_Excellent (is rarely sick when sick recovers very quickly)

\_\_\_\_\_\_\_good (is not often sick or injured, illnesses are short-lived)

\_\_\_\_\_\_\_fair (frequently sick or injured, illnesses often linger or recur)

\_\_\_\_\_\_\_poor (chronically ill)

Are you currently on any medication?

Name of Doctor:

Name of Surgery:

**Do you give consent for me to contact your doctor if needed?** Yes/No

# 

# 

# **Emotional/Behavioural/Chemical Issues**

Have you recently or currently experienced the following?

|  | YES or NO  Please feel free to add extra info here |
| --- | --- |
| Suicide attempts |  |
| Suicide plans |  |
| Recent Suicidal thoughts |  |
| Depression |  |
| loneliness, or hopelessness |  |
| Self-inflicted injury behaviours |  |
| Difficulty sleeping |  |
| Crying often |  |
| A tendency to be shy or sensitive |  |
| A strong dislike of criticism |  |
| Often annoyed by little things |  |
| A frequent loss of temper |  |
| Difficulty completing tasks |  |
| Difficulty expressing feelings |  |
| Violent or destructive behaviour |  |
| Nervousness, anxiety, or worry |  |
| Difficulty remembering |  |
| Difficulty relaxing |  |
| Difficulty concentrating |  |
| Difficulty making decisions |  |
| Mental Confusion |  |
| Difficulty making friends |  |
| Difficulty with eating |  |

Do you use drugs?

Do you drink alcohol?

Are you concerned by your drug or alcohol consumption?

**COUNSELLING HISTORY**

Have you previously seen a counsellor?

Approximate Dates of counselling

For what reason did you go to counselling?

What did you find most helpful in therapy?

What did you find least helpful in therapy?

# **Current Concerns**

What brings you to signing up for counselling?

What issues do you find most troubling?­­­­­

Are there any goals that you would like to work on whilst attending counselling sessions?

Any other comments that you would like to add that you find relevant

**Emergency Contact Details:**

**Name:**

**Phone Number:**

**Do you give consent for me to contact them in an emergency?**

Client Name:

Signature :

Date: