Client intake form (Under 18)

PLEASE RETURN COMPLETED FORM TO Justine O’Malley

[jomalleycounselling@gmail.com](mailto:justine.omalley@bigpond.com)

Thank you for taking the time to complete this form. Answering the questions to the best of your knowledge will assist the counsellor to address any social or emotional issues or concerns that may impact your child

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| **Privacy Statement**  Australian Association of Social Workers Code of Ethics, 2020  5.4.1 Social workers will respect the rights of service users to a relationship of trust, to privacy and confidentiality of their information and to responsible use of information obtained in the course of professional service.  5.4.4 Social workers will use confidential information only for the purpose for which it was acquired; or, with the written consent of the service user, for another purpose; or in accordance with clause 5.4.5.  5.4.5 Social workers will only reveal confidential information in the circumstances outlined above or in any one or more of the following situations, provided it is permitted by law: • if seeking advice from or conferring with other professionals or colleagues, or if in a supervisory or training capacity, then in all cases the social worker will maintain the service user’s confidentiality and privacy or obtain prior written informed consent from the service user to release the information; in which case all third parties will agree to protect the service user’s confidentiality and privacy • if by revealing information to relevant third parties an actual, identifiable risk of harm to a specific person or persons can be prevented • where disclosure is required by law (e.g. court subpoena or statutory requirement). |

# confidential information to be completed by parent/caregiver

## CHILD’S DETAILS

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name: | |
| Birthplace : | **Date of Birth:** | |
| Current School: | **Year Level:** |  |
| Siblings (names/ages): | | |

## PARENT/CAREGIVER DETAILS

|  |  |
| --- | --- |
| Parent/Caregiver 1: | |
| First Name: | **Last Name:** |
| Contact Number: | **Home Address:** |
| Email: | |

|  |  |
| --- | --- |
| Parent/Caregiver 2: | |
| First Name: | **Last Name:** |
| Contact Number: | **Home Address:** |
| Email: | |

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| Additional Information |
| Current family living arrangements (eg parents separated, child spends weeknights at Mother’s home and alternate weekends at Father’s home) |
| Language (s) spoken at home: |

## PRIMARY CONCERN (please tick)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Academic |  |  | Social/Emotional |  |  |  | Behavioural |  |  | Health |

|  |
| --- |
| Please outline: (e.g., academic work/literacy, difficulty maintaining attention, social skills) |

## BEHAVIOURAL HISTORY

|  |
| --- |
| Is your child receiving counselling services at school? q Y q N |
| Is your child receiving any regular medical/mental health services outside of school? q Y q N |
| Any further information: |
| Does your child have a medical condition or a diagnosis q Y q N  If yes, please explain: |
| Is your child currently taking any medication q Y q N  If yes, please list: |
| Has your child ever experienced any of the following?  q Family Changes q Loss q Friendship issues qBullying q School Issues q Trauma |
| If yes, please explain: |
| Has/does your child experienced any of the following?  qAnxiety q Anger Issues q Attention Difficulties q Sadness q Mood Swings q Other |
| If yes, please explain: |
| What increases these feelings? |
| What helps them to regulate/calm? |
| Are there any issues with your child’s sleeping? q Y q N  If yes, please explain: |
| Are there any issues with your child’s eating? q Y q N  If yes, please explain: |
| Are there any issues separating from parents/carers? q Y q N  If yes, please explain: |

## SOCIAL HISTORY

|  |
| --- |
| Interests: |
| Dislikes: |
| Strengths: |
| Challenges: |
| Please provide any further information: |
| Friendships - please tick those that apply:  q Makes friends easily  q Finds it difficult to make friends  q Prefers to spend time alone  q Has a wide group of friends  q Has a small group of friends  q Prefers to play with just one friend  q Changes friends regularly  q Has friends at both school and out of school |
| Extra curricula activities (sports etc): |
| Family support (grandparents etc): |
| Technology use – Tick those that apply  My child (on average)….  Approximate amount of TV time per day on average \_\_\_\_\_\_\_\_\_\_\_\_  Approximate amount of internet use (eg ipade) time per day on average \_\_\_\_\_\_\_\_\_\_\_\_  q Plays games on an xbox/playstation etc  Favourite game currently \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q Has their own mobile phone  q Has their own social media account  Type of social media\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q I am not currently concerned about my child’s technology use  q I am currently concerned about my child’s technology use |

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| Any additional information not already covered in this form: |

## DESIRED OUTCOMES OF WORKING WITH THE COUNSELLOR

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| --- |
| Please outline: |

## PARENT/CAREGIVERS SIGNATURE (Electronic signature accepted)

|  |  |
| --- | --- |
| Parent/Caregiver 1: | Parent/Caregiver 2: |
| Date | Date |