



REGAIN BALANCE

Counselling, Health & Wellbeing
PO Box 24 Meadows SA 5201
E admin@regainbalance.com.au
W: www.regainbalance.com.au

CONFIDENTIAL CLIENT INFORMATION FORM

Full Name: _____ **Date of Birth:** _____ **Age:** _____

Preferred Pronouns: _____ **Cultural Background/Ethnicity:** _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ In a relationship.

Address: _____

Phone: _____ **Email address:** _____

Occupation: _____ **Partner's Occupation:** _____

Children (genders and ages): _____

Do you have Private Health Insurance? ☐ Yes ☐ No **Name of Fund:** _____

Referred by/how did you hear about Regain Balance: _____

MEDICAL INFORMATION

Are you under current medical treatment that the counsellor needs to be aware of:

☐ Yes ☐ No

If yes, please briefly explain: _____

If yes, what medication are you currently taking (please include non-prescription and supplements):

Do you smoke? ☐ Ex-smoker ☐ Never ☐ Yes If yes, how many per day?

Do you drink alcohol? ☐ Yes ☐ No

If yes, how much and how often:



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Are you currently using illicit drugs? ☐ Yes ☐ No

If yes, what are you using and how frequently? _____

Are you under current treatment for a psychological condition? ☐ Yes ☐ No

If yes, please briefly explain: _____

If yes, what medication are you taking and why? _____

Have you ever deliberately hurt yourself (self-harm)? ☐ Yes ☐ No

Have you ever tried to take your own life? ☐ Yes ☐ No

If yes, when was your last attempt? _____

Do you gamble or use multiplayer online gaming more than weekly? ☐ Yes ☐ No

If yes, please provide details _____

Do you consider yourself to be spiritual or religious: ☐ N/A ☐ No ☐ Yes - If yes, please provide details

What is your faith? _____ Are you practicing? ☐ Yes ☐ No

Have you had counselling/psychology support in the past? ☐ Yes ☐ No

If yes, please provide more details: _____

What is the main reason for you coming to counselling today:

What is your goal is with counselling?

EMERGENCY CONTACT DETAILS

(Please note that this will only be used in the event of an emergency and with your consent where possible)

Name: _____ Relationship: _____ Phone: _____

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