

# REGAIN BALANCE

Counselling, Health & Wellbeing  
PO Box 24 Meadows SA 5201  
31 High Street, Strathalbyn SA 5255  
E: [regain\\_balance@outlook.com](mailto:regain_balance@outlook.com)  
W: [www.regainbalance.com.au](http://www.regainbalance.com.au)  
M: 0455 898 325

## 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):** \_\_\_\_\_

**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):**

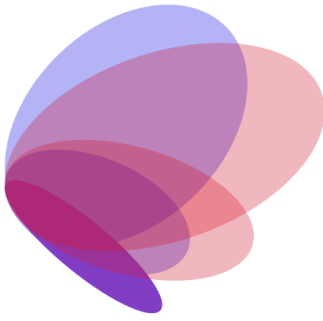
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_