

REGAIN BALANCE

Counselling, Health & Wellbeing

PO Box 24 Meadows SA 5201

M: 0455 898 325

E: regain_balance@outlook.com

W: www.regainbalance.com.au

CONFIDENTIAL CLIENT INFORMATION FORM

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

Preferred Pronouns: _____

Do you identify as Aboriginal or Torres Strait Islander?

Marital Status: Single Partnered Married Divorced Separated Widowed Remarried.

Address: _____

Phone: _____ Email address: _____

Occupation: _____ Partner's Occupation: _____

Children (genders and ages if relevant): _____

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

MEDICAL INFORMATION

Are you receiving any medical treatment that the counsellor needs to be aware of?

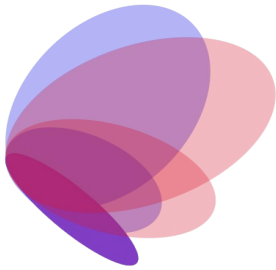
If yes, please briefly explain?

If yes, what medication are you taking and for what?

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 for what? _____

Have you ever deliberately hurt yourself without the desire to die? Yes No

Have you ever tried to kill yourself? Yes No

Do you engage in compulsive sexual behaviour over which you feel you have lost control? Yes No

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? _____

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

If yes, please provide more details if you wish _____

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

What would you say 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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