**Curam Psychology Intake Form.**

Welcome to Curam Psychology.

To ensure that we can meet your needs and provide you with a good therapeutic fit, please complete the details below. All information provided will be stored confidentially on HIPAA approved practice management software.

Client Details:

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Phone Number |  |
| Address |  |
| Email Address |  |
| Gender/Pronouns  (optional) |  |

Emergency Contact:

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Relationship to Client |  |

Referrer:

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Name of Practice |  |
| Type and date of Referral |  |

Main concern:

|  |  |
| --- | --- |
| Please provide some details about the issue or challenge that you like support with. |  |

Goals for Treatment:

|  |  |
| --- | --- |
| Please provide some details of the outcome that you would like from our sessions together. |  |

Appointment Preferences:

|  |  |
| --- | --- |
| Preferred Day |  |
| Preferred Time |  |
| Face to Face/Telehealth/Either |  |

Please note, while every effort will be made to meet preferences, availability at these times/days cannot be guaranteed.

Previous Mental Health Support:

|  |  |
| --- | --- |
| Have you accessed mental health support in the past? If so, what kind? |  |
| How was this helpful/unhelpful? |  |
| Do you currently have a mental health diagnosis? |  |
| Are you currently taking any medication related to mental health issues? |  |
| Is there any history of mental health issues in your family? |  |
| Are you currently, or have you in the past, experienced self-harm or suicidal thoughts/behaviour? Please give a little detail if possible. |  |

Any other relevant information:

|  |  |
| --- | --- |
| Do you have any significant medical/physical needs that may need to be taken into account? |  |
| Do you experience difficulties in managing your alcohol or drug use? Please provide a little detail if possible. |  |
| Any other relevant information? |  |

Please attach your referral paperwork, if applicable.