**Counselling Intake Form**

All information is kept strictly confidential in line with Seaside Support’s privacy and ethical guidelines.

**1.**

**Personal Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name / Pronouns (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name & number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.**

**Referral Information**

How did you hear about us?

☐ Self-referral

☐ Support Coordinator

☐ Caseworker

☐ GP

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Referrer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.**

**Reason for Seeking Counselling**

(Please tick any that apply – you can discuss more in session.)

☐ Anxiety / Overwhelm

☐ Grief or Loss

☐ Trauma / PTSD

☐ Depression or Low Mood

☐ Stress / Burnout

☐ Relationship Issues

☐ Self-esteem / Confidence

☐ Navigating NDIS / Support Role

☐ Behavioural Concerns

☐ Parenting / Family

☐ Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly, what would you like support with at this time?

**4.**

**Health & Background (Optional)**

(This helps us tailor your support appropriately.)

Do you have any medical or mental health diagnoses you’re aware of?

☐ Yes ☐ No

If yes, please describe (if you’re comfortable):

Are you currently receiving other supports?

(e.g. psychologist, support worker, medications, group therapy)

☐ Yes ☐ No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.**

**Safety & Support**

Do you feel safe at home? ☐ Yes ☐ No

Are there any risks we should be aware of (e.g. recent hospitalisations, triggers, suicidal thoughts, domestic violence)?

☐ Yes ☐ No

If yes, please feel free to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You can also wait to discuss in session.)

**6.**

**Goals & Hopes for Counselling**

What would you like to gain from counselling?

☐ Understanding myself better

☐ Tools to manage difficult feelings

☐ Support with a specific situation

☐ A safe space to talk

☐ Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.**

**Consent**

☐ I understand that my information will be kept confidential except where there is risk of harm to myself or others, or if required by law.

☐ I agree to participate in counselling sessions with Seaside Support Community Services.

☐ I understand I can withdraw at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_