

Client Intake Form.



If you prefer, we can discuss any of the information in this form in person.

Please see our **Privacy and Confidentiality Agreement** for details about how your information will be protected.

Referred by (if applicable)

Date

Personal Details

First Name

Surname

D.O.B

Address

Suburb

State

Postcode

Email (only include if it is OK to email)

Preferred Phone Number

Ok to identify caller?

Ok to leave messages?

First Language:

Ethnic/Cultural Identity:

Religion (if any):

Gender:

Occupation:

Relationship Status

Relationship Status:

Partner Name

Other Significant Relationships (parents, children, siblings, etc.)

Emergency Contact

Name

Contact Phone Number

Alternative Contact Number

Permission to contact in case of emergency?

Relationship to You

Health & Medical Details

GP Name

GP Practice

Medications / Supplements / Substances (inc cigarettes, alcohol & other drugs) (if relevant):

Diagnosed / Suspected Health Conditions (including Mental Health) Current or past:

Do you have any current physical issues, such as pain or other conditions?

Previous Experience of Counselling/Psychotherapy:

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Any relevant Family History Illnesses / Addictions:

If you can, please tell me a little bit about the following areas of your life -

Your current environment:

Your current relationship (if in one):

What was your childhood like?:

What is your relationship with your parents like currently?:

What is your relationship with your siblings? (if any):

Any information on your birth? (if any):

General Internal / Emotional state from day to day (Currently):

Reason for seeking counselling:

Anything else you would like me to know about you or which might be important for me to know?

What is your level of commitment to these sessions & the work needed in between sessions? (0 – 10) 1 = Lowest, 10 = Highest

How did you hear about this counselling service? (This information helps me understand how I can reach others who may need help).

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