**Client Intake Form**

**Welcome**

Welcome to Cudgegong Counselling Services. In order to help your Counsellor prepare for your session, please complete the following form. If you have any questions or are unsure what to write, please let your therapist know.

**Client Information**

First Name: Last Name:

Parent/Guardian (if under 18)

Date of Birth:

Home Phone: Ok to leave a message **Y/N**

Mobile: OK to send SMS for appt Reminder **Y/N**

Email: OK to leave a message or email **Y/N**

Address:

Do you Identify as Aboriginal or Torres Strait Islander Y/N

Emergency Contact Name:

Emergency Contact Phone:

**Consent to provide Counselling Services**

I have been advised and/or have read and understood Cudgegong Counselling Services’ information about *Consent, Privacy & Confidentiality, Complaints, Information Management Fees & Rebates.* I agree fees are to be paid at the time-of-service provision. I agree to these conditions and to undertake Counselling Services provided by Cudgegong Counselling Services’ nominated Counsellor.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood this Intake Form and agree to the above conditions and terms of service.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**If client is under 18 years of age:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provide consent for the exchange of verbal and written correspondence

about my child’s service at **Cudgegong Counselling Services** be provided to:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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