

TRANSFORMING
POSITIVE VIBES



COUNSELLING
SUPPORT



CLIENT INTAKE FORM

WWW.TRANSFORMINGPOSITIVEVIBES.COM.AU

CLIENT INTAKE FORM

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Occupation: _____ Company: _____

How did you hear about us?:

☐ GP or Other Service Referral

☐ Facebook

☐ LinkedIn

☐ Instagram

☐ Google Search

☐ Other social media

☐ A friend

☐ Other

If Other Social Media, A friend or Other please provide further details:

Have you received counselling support in the past?:

Do you have any reservations about online counselling?:

Would you be interested in any of our group sessions when they become available?:

Yes/No:

Would you prefer to meet in person in a public locations such as at a park, cafe, etc.?:

How can we help you?:

Please provide a summary of any other services that you are currently receiving or have received in the past:

Do you have any other history, triggers etc. that we should be aware of?:

Thank you for providing some of your background information! Please feel free to book a 30-minute complimentary private practice consultation by emailing: support@transformingpositivevibes.com.au

