



Forging Pathways Therapy

### Intake Form

<b>Title:</b>	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>
<b>Gender &amp; Pronouns:</b>	
<b>Date of Birth:</b>	
<b>Full Name:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Contact Number:</b>	
<b>Emergency Contact Name:</b>	
<b>Number:</b>	
<b>Relationship:</b>	
<b>GP contact details:</b>	
<b>Best time to contact you:</b>	
<b>Preferred methods of contact:</b>	Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Teams <input type="checkbox"/>
<b>Preferred method/s of counselling:</b>	Phone <input type="checkbox"/> Zoom <input type="checkbox"/> Teams <input type="checkbox"/>
<b>What are you looking to address in counselling?</b>	
<b>Are you currently involved in, or have you been involved in counselling in the past?</b>	
<b>History of Previous or Existing Medical/Psychiatric Conditions</b>	
<b>History of violence, substance abuse or self-harm:</b>	
<b>Current medications:</b>	
<b>Print Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	