

Sandy Ogier Psychologist – INTAKE FORM (circle/tick answer)

First Name: _____ Date: __/__/21 Clinic location:_____

Lifestyle

Sleep: advise therapist if your sleep is affected

NOT AT ALL SLIGHTLY MODERATELY QUITE A BIT EXTREMELY

Diet: advise therapist if your diet/ foods choices are NOT healthy for you

NOT AT ALL SLIGHTLY MODERATELY QUITE A BIT EXTREMELY
(=healthy diet) (=unhealthy diet)

Addictions: advise therapist if you are engaging too much in distracting or disrupting activities (gambling, alcohol/ drugs, porn, etc)

NOT AT ALL SLIGHTLY MODERATELY QUITE A BIT EXTREMELY

Historical information

Advise therapist if you have been involved in traumatic events that are potentially affecting you now (car accidents, childhood neglect, bullying, financials, major health issues, etc)

NOT AT ALL SLIGHTLY MODERATELY QUITE A BIT EXTREMELY

Reason for therapy

Please describe briefly in a few words or couple of sentences:

Current situation:

Desired outcome from the therapy:

How many sessions are you planning to attend?:

1-2 session(s) 6 as per GP's recommendation Maybe the 20 allowed per year Not sure

Personal information

Relationship status/ who do you live with.

(+Please make sure the clinic has your Emergency contacts up to date; or advise below):

Employment status:

- Full time paid employment
- Part-time paid employment
- Casual
- Self Employed

- Student
- Retired
- Unemployed
- Other

APS Chart sighted