



INTAKE FORM (pg 1 of 3)

PERSONAL and FAMILY INFORMATION

**Please note: This information is confidential to your counsellor and supervisor unless you give written permission otherwise.*

Name: _____ D.O.B.: _____ Current Age: _____

Spouse/Partner: _____ D.O.B.: _____ Current Age: _____

Present status: Single Divorced Separated Married Defacto Widowed Remarried

Address: _____

State: _____ PCode: _____

Phone: _____ (hm) _____ (wk) _____ (mob)

Email: _____

Occupation: _____ Spouse/partner's occupation _____

Names and ages of other family members: _____

.....

Church Preference / Religious Affiliation: _____

How did you hear about our counselling services? _____

.....

MEDICAL INFORMATION

Briefly describe your general health: _____

.....

Are you currently using medication: **Yes / No*** *please indicate

If yes, what medication are you taking and for what? _____

.....

Are you currently using alcohol and/or drugs? **Yes / No*** *please indicate

If yes, which and how frequently? _____

.....

(PTO)

INTAKE FORM (pg 2 of 3)
TO HELP ME HELP YOU

Have you been to previous counselling? **YES / NO** If yes, for what reason? :

.....
.....
.....

How did you feel about that experience? _____

.....
.....

What is the nature and length of your current concern? _____

.....
.....

What do you hope for/expect from counselling? _____

.....
.....

Is there any other information you would like me to know? _____

.....
.....
.....

CANCELLATION POLICY

We appreciate that at times you may find it necessary to cancel your appointment. Due to our waiting list we require a full 24 hours notice of your intention to cancel. Failure to do so will result in you being charged 50% of the consultation fee.

A missed consultation with no notice will be charged at your counsellor's full fee rate.

[If your consultation is with a Graduate Diploma counsellor, your late cancellation fee will be \$17.50; however, if you fail to notify us, your fee will be \$35.00. These fees apply even if you are not paying for counselling.]

INTAKE FORM (pg 3 of 3)
CONFIDENTIALITY AGREEMENT

Confidentiality is maintained for clients as far as possible but when a person or persons are at risk, confidentiality must be waived and the appropriate authorities or family members notified. Such situations include the following:

1. The client is at risk of serious self harm or of considering suicide,
2. Of harming another person or committing homicide,
3. Abuse of children is a mandatory reporting offence which I am required by law to report.

Where confidentiality cannot be maintained the counsellor will take all possible steps to first inform/discuss their intention with the client.

Signed: _____ Date: ____ / ____ / ____
(Counsellor)

I have read the above and understand the counsellor's social and ethical responsibility to make such decisions where necessary. I understand and agree to these conditions concerning confidentiality, and have read and agree to the conditions of the cancellation policy.

Signed: _____ Date: ____ / ____ / ____
(Client)

Signed: _____ Date: ____ / ____ / ____
(Parent or Guardian – where applicable)