

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?

.....
.....

(PTO)

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CONFIDENTIALITY AGREEMENT/RECORDING AND VIEWING

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.

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

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