

To help me understand your needs, please complete the following intake form. As per privacy and confidentiality statements, this information will not be shared with anyone unless you specifically request me to do so, or I am required by law to disclose to third parties (Please read and sign the attach informed consent document prior to commencing this one). Should you not wish to provide the information requested below for any reason, please leave that section blank.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Safe to Phone/Text/Leave Message? Yes/No

Email Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number \_\_\_\_\_ Safe to Phone/Text/Leave Message? Yes/No

Identified Culture: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Interpreter Required: Yes/No

Medicare Details: Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

The number you are on the card \_\_\_\_\_

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Please only fill in what is applicable to you.

If you are currently in a relationship, how would you describe the relationship?

\_\_\_\_\_

How would you describe any past relationship/s? \_\_\_\_\_

\_\_\_\_\_

Do you have children/or are trying for children: \_\_\_\_\_

Number of Children if applicable: \_\_\_\_\_

Are you studying/attending school/University? \_\_\_\_\_

What do you do for work (this includes being a stay at home Mum): \_\_\_\_\_

If employed outside the home, is your employment stable: \_\_\_\_\_

Social Connections (ie community groups, sporting groups, friends, family) you are connected to:

\_\_\_\_\_

Is your Housing Stable: \_\_\_\_\_

Have you experienced (or are experiencing) domestic or family violence or abuse? \_\_\_\_\_

Have you experienced traumatic events of any kind in your lifetime? (For example - medical, birth, shock, grief, developmental, childhood, assault, bullying, sudden death of a loved one) If yes, please advise type of trauma experienced \_\_\_\_\_  
\_\_\_\_\_

Are you seeing (or have seen) other Professional Therapists in the past? Ie  
Psychologist/MHSW/Marriage/Counselling before: \_\_\_\_\_

What have you liked/not Liked in previous therapy sessions?: \_\_\_\_\_  
\_\_\_\_\_

Are there any Current/Past/Self - Mental Health Diagnosis/s - that you would like Her Time to know  
about: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication for any above diagnosis's? \_\_\_\_\_

Please list the challenges you would like to work on, or the support you would like from therapy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your hopes or goals from therapy: \_\_\_\_\_  
\_\_\_\_\_

Your expectations of the therapist: \_\_\_\_\_  
\_\_\_\_\_

Your expectations of yourself: \_\_\_\_\_  
\_\_\_\_\_

Do you have any Concerns or Queries?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this intake form.

Your privacy is important and your information will not be shared unless required under the Privacy  
and Confidentiality Act, duty of care provision.