

Client Intake Form

(All files are held in strict confidence – print and complete this form and bring to first appointment)

Referred by _____ Date of Intake _____

Personal Details:

Name of Client _____

Male / Female _____ Age _____ Date of Birth _____

Address: _____

Length of Time at present address: _____

Telephone _____ Ok to leave Messages? : Yes / No

Email _____ Ok to receive emails?: Yes / No

Relationship Status:

Single _____ Married _____ Living with Partner _____ Dating / Seeing Someone (How Long?) _____

Divorced _____ Widowed _____ Separated _____

Partner's Name _____ Partner's Age _____ Partner's Gender _____

Other Relationships:

	Name	Age	Occupation	Comment
Father				
Mother				
Brothers				
Sisters				
Children				
Other relationships				

Client's viewpoint of quality of relationships with others: _____

Educational Background: _____

Hobbies / Interests: _____

Work Details:

Working (yes/no) Details: _____

How long in present job: _____

Employment History _____

Medical Details:

Doctor Name and Address: _____

Medication (if relevant) _____

Use of Alcohol, Nicotine, Drugs: (Details) _____

Family Medical History _____

Previous Experience of Counselling / Psychotherapy (or previous history of mental health issues):

Reason for Seeking Counselling / Psychotherapy:

Anything else you would like me to know about you?

	Not at all	Mildly	Moderately	Highly
How serious do you consider you present concerns?	[]	[]	[]	[]
How motivated are you to resolve them?	[]	[]	[]	[]
How optimistic are you that your concerns can be resolved?	[]	[]	[]	[]