

Client intake form

Personal and Family Information

Name _____ Date of Birth _____ Age _____

Occupation _____

Address _____ Post Code _____

Phone Number _____ Email _____

How did you hear about this counselling service? _____

Tick present status:

Single Partnered Married Remarried Widowed Defacto Separated Divorced

Spouse/Partner Name _____ Date of Birth _____ Age _____

Occupation _____

Emergency Contact *(if different from spouse/partner)*

Name _____ Phone _____ Relationship to you _____

I give permission for Deb McKee to contact this person in the event of an emergency.

To Help Me Help You

Have you been to counselling previously? Yes No

If yes, for what reason? _____

How was that experience helpful for you? _____

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

What do you hope for and expect to achieve from counselling? _____

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

Spirituality

Do you follow a particular religion or faith? Yes No

Do you attend church regularly and if so where? _____

Your regular spiritual practices? prayer regular scripture reading other

Medical Information

How would you rate your current physical health? *(Please tick one)*

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

Are you currently taking any prescription medication? Yes No

If yes, please list: _____

How often do you drink alcohol?

Never Infrequently Monthly Weekly Daily

How often do you engage in drug use?

Never Infrequently Monthly Weekly Daily

Private Health Fund Cover

Private health fund members with appropriate policies may be eligible for rebates for counselling services. As a registered ACA counsellor, I am a provider of counselling services with **Bupa, Police Health Fund** and **Medibank Private**.

Please indicate whether this applies to you: Yes No

Confidentiality Agreement

What you share with your counsellor is confidential and private. No information about you will be shared, either verbally or in written form with anyone, except as mandated below:

Confidentiality and privileged communication remains the right of all clients of professional counsellors, according to State law. However, some courts have held that if an individual intends to take harmful, dangerous or criminal action against another human being, or against oneself, it is the counsellor's duty to warn appropriate individuals of such intentions.

This includes all forms of abuse towards minors.

Those warned may include a variety of persons such as:

- The person or family of the person who is likely to suffer the results of harmful behaviour
- The family of the client who intends to harm his/herself or someone else
- Associates or friends of those threatened
- Law enforcement officials

I have read the above and understand the counsellor's social and ethical responsibility to conform to the requirements of the law. I have been given the opportunity to ask questions and clarify any concerns about this agreement.

Client Name

Date

Signature