



Client Intake Form

Date of first session: _____

Name: _____

Date of Birth: _____ Age: _____ Country: _____

Occupation: _____

Gender: _____ Orientation: _____

Relationship Status: _____ Duration: _____ Single:

Partner Name: _____

Date of Birth: _____ Age: _____ Country: _____

Partner Occupation: _____

Gender: _____ Orientation: _____

Children (names, ages): _____ N/A:

Home Address: _____

Mobile: _____

Email Address: _____

Emergency contact name: _____

Phone: _____ Relationship to you: _____

GP: _____

Practice: _____

Current Medications: _____



Have you previously received any type of mental health services or diagnosis? No:

Yes / Details: _____

Do you have any chronic health conditions? No:

Yes / Details: _____

Have you ever received surgery? No:

Yes / Details: _____

What goals do you have for coming to counselling?

How did you hear about me? _____

Is there any other additional information that you would like to tell me about?

