

COUNSELLING INTAKE FORM

Please fill in the following information that you feel comfortable with, for our records. Leave blank any that you wish not to answer or may have questions about. All information is confidential to the standard outlined in the confidentiality agreement on pages 6 & 7.

PERSONAL AND FAMILY INFORMATION Pronouns: _____

Name: _____ Date of Birth: _____ Age: _____

Partner: _____ Date of Birth: _____ Age: _____

Marital Status:

☐ Never Married ☐ Partnered ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Remarried

Address: _____

Suburb: _____ State: _____ Post Code: _____

Your Mobile: _____ Email: _____

Are you happy to receive emails, calls or texts about bookings and other offers? (Tick for Yes)

☐ Email ☐ Calls ☐ Texts

Which is preferred? _____

Is it ok if a message is left on the phone number you provided?

☐ Yes ☐ No

Email address: _____

Your Occupation: _____

Other family members or dependables you live with (children, their names and their age):

MEDICAL HISTORY INFORMATION

- Please briefly describe your general health including (sleeping/eating/exercising habits):_

- Are you currently taking any medication? ☐ Yes ☐ No

If yes, what medication are you taking and for what? _____

- Are you currently receiving psychiatric services, professional counselling or psychotherapy elsewhere? ☐ Yes ☐ No

- Have you had previous psychotherapy or counselling?

☐ No

☐ Yes

- Do you currently have a primary physician? ☐ Yes ☐ No

- If yes, what are their details?

Name: _____

Practice: _____

- Are you currently using alcohol and/or drugs?

☐ Yes ☐ No

If yes, which and how frequently? _____

- Have you had suicidal thoughts recently?

☐ frequently
 ☐ sometimes
 ☐ rarely
 ☐ never
- Have you had them in the past?

☐ frequently
 ☐ sometimes
 ☐ rarely
 ☐ never
- Have you ever experienced any of the following?

Extreme depressed mood	Yes / No
Dramatic mood swings	Yes / No
Extreme anxiety	Yes / No
Panic attacks	Yes / No
Phobias	Yes / No
Sleep disturbances	Yes / No
Hallucinations	Yes / No
Unexplained losses of time	Yes / No
Unexplained memory lapses	Yes / No
Alcohol/substance abuse	Yes / No
Problems Eating	Yes / No
Body image problems	Yes / No
Repetitive thoughts (e.g. obsessions)	Yes / No
Gambling	Yes / No If yes, how much per week on average? \$
Homicidal thoughts	Yes / No
Suicidal attempts	Yes / No If yes, when?

- Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (circle any that apply and list family member, e.g. sibling parent, uncle, etc.)

Difficulty	Yes / No	Family member
Depression	Yes / No	
Bipolar disorder	Yes / No	
Anxiety disorder	Yes / No	
Panic attacks	Yes / No	
Schizophrenia	Yes / No	
Alcohol/substance abuse	Yes / No	
Eating disorders	Yes / No	
Learning disabilities	Yes / No	
Trauma history	Yes / No	
Suicide attempts	Yes / No	
Chronic illness	Yes / No	

- What is the main reason for you seeking counselling today? _____

- What would you say your main goal for counselling is? _____

- On a scale from 1- 10 how big would you rank your primary problem that you are bringing to therapy? *Please circle*

(Minor) 1 2 3 4 5 6 7 8 9 10 (Extreme)

- Has this been a problem in the past?

☐ Yes ☐ No

- How did you hear about us? _____

ADDITIONAL INFORMATION:

- What do you consider to be your strengths?

- Anything else you would like to tell us that may be important for us to know?
(E.g: Religious beliefs):

EMERGENCY CONTACT:

Who can we contact in the case of an emergency?

Name: _____

Relation to you: _____

Mobile: _____

*I (Clients Full Name) _____, give consent for the
above emergency contact to be contacted in the event that my therapist / coach is concerned
for my own safety and divulge any necessary information about me that they believe may help
assist in my personal safety and wellbeing.*

Name

Signature

Date

CONFIDENTIALITY AGREEMENT:

What you share with your counsellor / coach is private/confidential and no information regarding you will be shared, verbally or in written form, except as followed by the agreement below and the clause on page 6 with regards to client safety:

It is an ethical requirement for counsellors to participate in supervision and written/verbal reports may be shared with a supervisor in the practice of supervision. The law is clear about certain behaviours which are to be reported if information is shared with the counsellor/ coach. This information includes suspicions of child abuse or neglect, the risk of harm to self and/or others and if you disclose you have committed or are going to commit a crime. Client notes may be requested by the courts or police force and in this case it is the therapists obligation to produce these on request. Your counsellor / coach will conform to these requirements of the law. The effectiveness of counselling/ coaching cannot be guaranteed, and the counsellor/ coach will not be responsible for the outcomes, or for the result of any action taken by the client as a result of advice or guidance given by the counsellor/ coach , whether explicit or implied. The above is also true for online therapy of any means.

If taking part in online counselling or coaching through any online forum (Facebook, Skype, Social Media etc.) please be aware that your therapist/ coach takes no responsibility if this online forum gets hacked in some way by a third party and/or any information is leaked through their servers. We will ensure our security settings are as strong as possible but please note nothing discussed online can be considered 100% confidential and all online sessions and information divulged is at the clients own risk. Please note if you are partaking in counselling or coaching online and you are living overseas your therapists credentials may not be valid in your country.

Name: _____

Signed: _____

Date: _____

Counsellor: _____

Date: _____

Would you like to receive updates from Moore Mindful Services?

If yes, please write your email address _____

COMMON QUESTIONS AND ANSWERS:

1. Do you abide by a code of conduct (ethics) that outlines my rights? Can I have a copy?

Yes, as a member of the Australian Counselling Association and the South Australian Professional Counsellors Association, we abide by their code of conduct and ethical guidelines. A copy of these can be given to the client on request.

2. Do you have professional indemnity insurance?

Yes we are fully insured through Focus Insurance Brokers Australia.

3. Are you a financial registered member of a National Professional Body of Counsellors?

Yes, we are fully registered under the ACA & the SA Professional Counsellors Association. A copy of our certificate of membership can be shown on request.

4. Do you receive regular Professional Supervision?

Yes, we maintain the standard for supervision support.

6. What are your hours and do I need an appointment?

Please contact us to discuss.

7. What are your hourly rates and are there any other costs involved?

All our service rates can be found on our website and Facebook pages.

8. How long is a normal counselling session?

Sessions should be between 40 & 60 minutes on average

9. What happens if the session goes over time?

The therapist will ensure the sessions conclude at the right time to ensure a fair and smooth session for all clients.

11. Do you take notes, what happens to them and can I read them, if not why?

Yes, we take notes for our records to ensure we remember as much about your story as possible. What you tell us is important and we want to ensure we don't miss anything. These may be read by you at any stage. If note taking is a problem please talk to your therapist.

12. What are your counselling qualifications and are they recognised?

Bachelor of Psychology (Minor in Law and Justice), Master of Counselling and Psychotherapy, Level two registration with the Australian Counselling Association. Member of the South Australian Professional Counselling Association.