



## Client Intake Form

Confidential

**Date:**

**Client's Full Name:**

**Address:**

**Occupation:**

**Reason/s for seeking Counselling (presenting issues):**

*Have the above reasons/presenting issues affected your work, relationships, family or social life? If Yes, please provide details:*

**Past Medical History:** Physiological(including any head injuries) and Psychological Treatments

**Current Medical Treatments:** Physiological and Psychiatric Treatments including long term medications:

**Family History:** Where relevant, please provide brief details of any immediate family members'(parents and siblings) psychological treatment history:

**Client Signature:**