

Client intake form

Part 1 of 2. Confidential once completed. Please write clearly in block letters.

OFFICE USE ONLY

Client no. _____ Interviewer _____ Date & time _____
Date counselling begins _____ Counsellor name _____

ABOUT YOU

Name of client _____
Telephone no. _____ Preferred call-back time _____
Email _____ Residence _____
Age _____ Gender _____ Nationality _____ Religion _____
Occupation _____ Employer _____

FAMILY

Marital status _____ Children? _____ Their age & gender _____
Siblings? _____ Position of birth _____ Parents? _____

REASON FOR COMING

Referral source _____
Previous counselling _____
Presenting issue _____

HEALTH

Have you seen a medical doctor in the last 12 months? _____
Name of doctor & hospital _____
Medication currently being used _____ Medical history _____
Recreational drugs / alcohol _____

SESSIONS AND CONTACTS

Availability: days _____ Time _____
Language(s) you are comfortable with _____
Emergency contact: name _____ Phone _____
Additional comments _____

Therapy consent

Part 2 of 2.

I _____ (client name) have consented to be offered counselling services at Tredela Counselling Mediation & Recreation Centre (TCMRC). I am aware of the following terms:

1. That all information will be treated confidentially aside from cases where I pose danger to myself, or other or property or otherwise agreed.
2. That I will give 24 hours' notice in case I plan to miss therapy; and the same holds as true for the counsellor.
3. That the outcome of therapy is my (client's) responsibility because the potential to solve issues and problems lies with me (client) aided by the counsellor facilitating the process.

Client sign _____ Date _____

Counsellor _____ Date _____