



Thinking Feeling Moving- Client Intake Form

You are welcome to discuss any of this information in person if preferred. All client notes are held in strict confidence, and securely stored for a period of 7 years from the last session of engagement.

Client Name:				Referred by (if applicable)		
Date:				Age:		
Date of Birth:				Identified gender:		
Cultural identification:				Identified preferred pronouns:		
Residence:						
Telephone:				Ok to leave voicemail?	Yes/ No	
Email:						
Relationship Status: (Please circle)	Single	Married	Living with partner	Separated	Divorced	Widowed
Dating/ Seeing someone (how long)?				Name of partner:		
Partner's Age:				Partner's identified gender:		
Other significant relationships: Parents, siblings, etc.						
Emergency Contact: Person's name, your relationship and phone number.						
Education background:				Country of Birth:		
Hobbies:				Interests:		
Occupation:						
Doctor's Name and Address:						
Medication (if relevant):						
Use of alcohol, nicotine, drugs:						
Do you have a formal diagnosis, if so please provide details:						
Pervious history of mental health issues:						



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Previous experience of counselling/ psychotherapy:	
Reason for seeking counselling:	
What have you tried so far to help yourself in this area?	
Anything else you would like me to know about you?	
How did you hear about this counselling service?	