



Intake Form

Date:

Participant Details

First Name:

Last Name:

Date of birth:

Gender identity:

Street address:

City:

State:

Postcode:

Contact number:

Email:

Emergency contact name:

Relationship:

Contact details:

Do you identify as Australia First Nations: Yes/No

NDIS participant: Yes/No

NDIS Number:

Referred by: Self/Service provider/Other

Current concerns

Please provide a description of the current challenges and reasons for seeking counselling support.

When did the challenges first come to your attention and how are you currently managing?

Do you have any specific goals for counselling- what would you like to see different?

Home and Family

Who lives at home with you? (Consider all living arrangements for children, parental separation/custody issues/blended families etc). Please provide a copy of any relevant parenting or court orders.

Who is in your current support system (e.g., family, friends, community groups, services)?

Safety

Are there any risk issues or safety concerns that are affecting you? Please consider: suicidal thoughts, self-harm, violence, harm from others (including exposure to abuse and domestic violence).

Other participant information

Do you have any medical conditions, diagnoses, or take regular medications?

Are you currently working or attending school? Please provide details.

What are your interests/hobbies?