

Welcome to Inspire Direction Counselling, Psychotherapy Service. *Please note that the information is important for your care.* Please fill out forms as completely as possible and have them ready and *emailed back* before your first counselling session.

INTAKE FORM (ages 12-17)

CLIENT INFORMATION

Name: _____
Date of Birth: _____ Age: _____ Male Female
Phone: _____ Messages okay? _____ Text reminder okay _____
School: _____ Year _____

NEXT OF KIN/EMERGENCY CONTACT DETAILS

Name: _____ Relationship to client: _____
Phone number: _____ Doctor's name: _____
Doctor's contact details: _____ Phone number _____

Do your parents have access to your electronic communication? (Y or N) _____
Are there any concerns with your use of phone, text and or electronic communications? (Y or N) _____

PERSONAL STRENGTHS

What activities do you enjoy and feel you are successful when you try?

Who are some of the influential and supportive people, activities (e.g. walking) or beliefs (e.g. religion) you have in your life? (Please describe) _____

CURRENT REASON FOR SEEKING COUNSELLING

Briefly describe the problem for which you are seeking counselling for _____

What would you like to see happen as a result of counselling? _____

COUNSELLING/MEDICAL HISTORY

Do you or your family have any medical or mental health conditions? Y N
If yes please provide details _____

Do you or family members currently receive support from a GP, mental health service, psychologist, counselling service or other specialist service? Y N

If yes please provide details _____

What are the presenting issues or concerns? Please number issues in priority of need. (Select as many as apply to you).

PERSONAL RELATED ISSUES

- Anxiety, depression, mental health concerns
- Parenting Co-Parenting
- Partner relations Family conflict Other family/personal issues
- Divorce/separation
- Domestic violence
- Grief/bereavement
- Addictions
- Eating issues/disorders
- Health issues
- Self esteem
- Sexual/sexuality
- Stress management
- Financial

WORK RELATED ISSUES

- Employment Fear of loss of job
- Imminent retirement
- Redundancy
- Career concerns
- Conflict with Colleagues/Workmates
- Workplace stress
- Workplace bullying/harassment
- Additional time off work
- Loss of confidence
- (spare field)
- (spare field)

The staff at Inspire Direction Counselling wishes to thank you for your honesty in completing this form. We appreciate that answering these questions can be difficult.