

## Intake Form-Adult

### 1. Contact Details

Name	Age	DOB
USE BLOCK CAPITALS		/ /

**Address**

Street	
Suburb	Post Code

**Email**

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Phone (BH)	Phone (AH)

**Mobile**

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### 2. Counselling Issues

Choose any that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Anxiety or stress                     | <input type="checkbox"/> Depression                            |
| <input type="checkbox"/> Anger management                      | <input type="checkbox"/> Perinatal issues (e.g., pregnancy)    |
| <input type="checkbox"/> Learning difficulties (e.g. dyslexia) | <input type="checkbox"/> Parent coaching                       |
|  | <input type="checkbox"/> Other - please provide details below: |

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Have you attended any counselling before?

- No       Yes, \_\_\_\_\_ # sessions

**Have you claimed any Medicare sessions on a Mental Health Treatment Plan this calendar year?**

No       Yes, \_\_\_\_\_ # sessions (up to 10 rebates claimable per calendar year)

### 3. Assessment Requirements

**Choose one:**

- Assess for a learning difficulty (such as dyslexia)
  - Assess for Autism Spectrum Disorder
  - Mental Health & Wellbeing Assessment
  - Other - please provide details below:
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- 

**Are you seeking a report for an external agency?**

No       Yes:  
 Workplace     University/TAFE

**Name of workplace/Institution:**

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- TAC       VOCAT       Immigration Services
  - Centrelink or Disability Services
  - Court purposes- **please note, we do not provide court reports**
  - Other (please specify):
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### 4. Health and Developmental History

**Provide brief details of birth:**

E.g.: premature or late birth, trauma at birth, any early issues as a baby.

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**Provide brief details of health and developmental history:**

E.g.: developmental milestones achieved normally, etc.

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**Eyesight/Vision:**

- No vision problems
  - Vision assessed with no issues found
  - Vision assessed with issues found – please provide details below:
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**Hearing:**

- No hearing problems
- Hearing assessed with no issues found
- Hearing assessed with issues found – please provide details below:

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**Medications (including vitamins such as St John’s Wort):**

- Not currently taking any medication
- Currently taking medication and/or vitamins. Please provide details below:

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## 5. Occupational & Educational History

Highest level of education completed (necessary for assessment of learning difficulties):

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Name of School / Institution	From Year Level	To Year Level

**Are you currently working or looking for work?**

- No
- Yes. In which field or area?

## 6. Previous Assessment History

Have there been any previous psycho-educational assessments?

E.g.: cognitive or intelligence tests, achievement tests, personality tests, etc.

No  Yes

Name of Test	Date Administered
	/ /
	/ /

Are reports available?

Yes  No (If yes, please bring to first session.)

## 7. Next of kin/emergency contact

Name	Relationship
USE BLOCK CAPITALS	

Phone (BH)	Phone (AH)

**Mobile**

Completed By	Date
Print name in BLOCK CAPITALS	/ /

Signature: .....