

CONFIDENTIAL INFORMATION

Counsellor's Name _____

CLIENT

Name _____ Date of Birth _____

Address _____

Can you be contacted at home? Yes No Home Phone _____

Can you be contacted at work? Yes No Work Phone _____

Mobile Phone _____

Email _____

Person to contact in case of an emergency _____

Phone _____

Partner's Name _____ Date of Birth _____

Address _____

Can you be contacted at home? Yes No Home Phone _____

Can you be contacted at work? Yes No Work Phone _____

Mobile Phone _____

Email _____

MARITAL STATUS

Single Married De Facto Separated Divorced Widowed

REFERRAL SOURCE

Advertising Local Doctor Minister

Health Professional Friend or Family Government Agency

Other counselling service... please specify _____

Other referral source... please specify _____

Legal obligation... Please specify _____

GENERAL INFORMATION

Have you seen a counsellor before? Yes No

Current Medication _____

Church Affiliation (if any) _____

CLIENTS SIGNATURE _____ DATE _____

Counselling is provided by a counselor in independent practice within a confidential environment.

Counsellors are all members of a national professional association.

For further information please see our website.

Your privacy is important to us. Please ask to see our Privacy Policy for more information.