Counselling Intake Form

Date

Client/s Name (For group counselling please fill out a seperate form for each individual.)

Client 1

Given Names

Surname

Client 2

Given Names

Surname

Contact Details

Client 1 – Address

Street Name

City State Post Code

Client 1 – Phone Number

Mobile Home

Client 1 – Email

Client 1 – If unsafe to contact you via this mode place X in the box

Email Mobile Call SMS Home Phone

Client 2 - Address

Street Name

City State Post Code

Client 2 – Phone Number

Mobile Home

Client 2 – Email

Client 2 – If unsafe to contact you via this mode place X in the box

Email Mobile Call SMS Home Phone

Parent/Guardian Name (Required if client is a child.)

Given Names Surname

Steet Address City State Post Code

Mobile Phone Home Phone Email

Personal Details

Client 1

Date of Birth Age

Birth Country Ethnic Background Year of Arrival

Client 1 – Occupation

Job Title Name of Business/Institution

Client 1 – Who Do You Live With?

Client 1 – Marital Status

Single Married Divorced Remarried Widowed

Client 1 – Children (mark with an * if from a previous relatiionship)

Name Age Days in your care

Client 2

Date of Birth Age

Birth Country Ethnic Background Year of Arrival

Client 2 – Occupation

Job Title Name of Business/Institution

Client 2 – Who Do You Live With?

Client 2 – Marital Status

Single Married Divorced Remarried Widowed

Client 2 – Children (mark with an * if from a previous relationship)

Name Age Days in your care

Emergency Contacts

Client 1 – Emergency Contact 1

Name Surname

Phone Number Relationship to You

Emergency Contact 2

Name Surname

Phone Number Relationship to You

Client 1 – GP Details

Name of Surgery

Phone Number Doctor Name

Client 2 – Emergenct Contact 1

Name Surname

Phone Number Relationship to You

Emergency Contact 2

Name Surname

Phone Number Relationship to You

Client 2 – GP Details

Name of Surgery

Phone Number Doctor Name

How Did You Find Out About Renewed Hope Counselling Services?

Medical History

Client 1 – Please specify any allergies

Mark with * if anaphylactic

Specify any serious illnesses, chronic conditions or past surgeries

Please include medical accidents, head injuries or seizures.

Specify any medications you are currently taking.

Include regular over the counter & herbal/vitamin supplements.

Have you been prescribed medication or hospitalised for a mental illness? Yes No

Have you ever been diagnosed with a mental illness? Yes No

If yes, what was the diagnosis?

Have you made any past attempts of suicide? Yes No

If yes, please tell your counsellor in your first session*

Please specify any current addictions.

Is there a family history of mental illness, substance abuse or suicide? Yes No

Client 2 – Please specify any allergies

Mark with * if anaphylactic

Specify any serious illnesses, chronic conditions or past surgeries

Please include medical accidents, head injuries or seizures.

Specify any medications you are currently taking.

Include regular over the counter & herbal/vitamin supplements.

Have you been prescribed medication or hospitalised for a mental illness? Yes No

Have you ever been diagnosed with a mental illness? Yes No

If yes, what was the diagnosis?

Have you made any past attempts of suicide? Yes No

If yes, please tell your counsellor in your first session*

Please specify any current addictions.

Is there a family history of mental illness, substance abuse or suicide? Yes No

Why have you decided to come to counselling?

What experiences, symptoms or problems are your main concern?

When did you first become aware of these, and how often do they occur?

Please indicate how often you consume the following substances.

Client 1 – **Alcohol**

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Caffeine

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Nicotine

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Other Substances (please specify)

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Client 2 – **Alcohol**

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Caffeine

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Nicotine

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Other substances (please specify)

☐ Never ☐ 3-4 times per month ☐ 2-3 times per week ☐ Every day ☐ Multiple times a day

Please indicate if you experience any of the following symptoms.

Client 1

☐ Headaches	☐ Dizziness
☐ Bowel Trouble	☐ Pain
☐ Tremors or Tics	☐ Drug/Alchol Cravings
☐ Eating Problems	☐ Binge Eating
☐ Sleep Problems	☐ Weight Loss
☐ Weight Gain	☐ Loss of Appetite
☐ Loss of Energy	☐ Feeling Apart From Others
☐ Feeling Worthless	☐ Memory Problems
☐ Thoughts of Suicide	☐ Feeling Depressed
☐ Crying Often	☐ Unable to Enjoy Anything
☐ Restlessness	☐ Decreased Need For Sleep
☐ Mood Swings	☐ Excess Energy
☐ Confusion	☐ Elated/Euphoric Mood
☐ Excessive Spending	☐ Racing Thoughts
☐ Irritability	☐ Impulsive Behaviour
☐ Anger/Explosiveness	☐ Grandiose Thoughts/Plans
☐ Panic Attacks	☐ Anxiety
☐ Fears	☐ Nightmares
☐ Unwanted Thoughts	☐ Fears of Losing Self Control
☐ Always Worried	☐ Concentration Problems
☐ Hearing Voices	☐ Seeing Things Others Don't
☐ Strange Experiences	☐ Feel Others Are Against You
☐ Unusual Thoughts	☐ Constant Suspicion/Distrust
☐ Violent Behaviour	☐ Thoughts to Harm Others
☐ Physical Abuse	☐ Sexual Abuse
☐ Sexual Problems	☐ Relationship Problems
☐ Financial Problems	☐ Work Problems

Client 2

☐ Headaches	☐ Dizziness
☐ Bowel Trouble	☐ Pain
☐ Tremors or Tics	☐ Drug/Alchol Cravings
☐ Eating Problems	☐ Binge Eating
☐ Sleep Problems	☐ Weight Loss
☐ Weight Gain	☐ Loss of Appetite
☐ Loss of Energy	☐ Feeling Apart From Others
☐ Feeling Worthless	☐ Memory Problems
☐ Thoughts of Suicide	☐ Feeling Depressed
☐ Crying Often	☐ Unable to Enjoy Anything
☐ Restlessness	☐ Decreased Need For Sleep
☐ Mood Swings	☐ Excess Energy
☐ Confusion	☐ Elated/Euphoric Mood
☐ Excessive Spending	☐ Racing Thoughts
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☐ Unusual Thoughts	☐ Constant Suspicion/Distrust
☐ Violent Behaviour	☐ Thoughts to Harm Others
☐ Physical Abuse	☐ Sexual Abuse
☐ Sexual Problems	☐ Relationship Problems
☐ Financial Problems	☐ Work Problems

What do you expect from this counselling? What are your goals?

Additional comments or concerns

Privacy and Confidentiality Protocols

The following points summarises our privacy and confidentiality procedures: These procedures are as required by the Privacy Amendment Act (2001). Please read this carefully and if you have any concerns, please discuss this with your counsellor before signing the counselling agreement form.

Confidentiality Arrangements

All personal information gathered by the counsellor will remain confidential and be kept secure in locked filing cabinets and/or password protected electronic files which are accessible only to Renewed Hope Counselling Services. Possible exceptions to confidentiality may occur in the following circumstances:

- If your counsellor learns that a child is being harmed, or is at serious risk of harm or neglect they will contact the appropriate authorities (as is required by law).
- If your counsellor has reason to believe that you may be in danger of physically hurting yourself or somebody else, then other people (such as family, emergency services or friends) may need to be involved in order to keep you safe or to keep other people safe.
- In order to comply with professional and ethical requirements, counsellors receive supervision by senior colleagues. In these cases your personal details are not disclosed, and supervisors maintain the same level of confidentiality as your counsellor.
- In the rare event that information about you may be subpoenaed by a court.

If any of these circumstances do arise, your counsellor will endeavour, where possible, to discuss with you regarding the need to breach confidentiality.

Counselling Agreement

Session Times

The duration of counselling sessions for individuals will run for 50 minutes, and 1 hour and 20 minutes for couple counselling.

Fees and Payment

All fees and payments will be due at the end of each session. Payment for service can be made by cash, EFTPOS, direct deposit or Stripe online payment services.

Late Attendance to Session

Should you be running late to attend a session, please call or SMS to advise us of your expected time of arrival. If you arrive late the session will still need to conclude at the original time. Your time will not be able to be extended to allow for your late arrival due to other client sessions. The full fee of the session will still be required.

Cancellation Policy

If for some reason you need to postpone or cancel an appointment, please **provide 24 hours notice** via email, SMS or phone call. Failure to do so will incur the full session fee. In the event of continual appointment cancellations, full payment will be required upfront at the time of booking. This is to safeguard the accessibility of counselling services for others. Should there be extenuating circumstances, please contact us to discuss further.

Change of Details

If your personal details change during the course of our relationship, please inform us of your new details as soon as possible.

Agreement

I have read and understood the above document. I accept the information provided and agree to these conditions for the provision of counselling services provided by Renewed Hope Counselling Services.

Client 1 – Full Name	Client 1 – Signature	Date
Client 2 – Full Name	Client 2 – Signature	Date

Please email completed form to admin@renewedhopecounselling.com.au before your first session.
Alternatively, print and bring completed form to your first counselling session.

****The counselling session will not commence until the completed form has been received****

Telehealth Consent (where applicable)

As part of providing you with counselling it may be appropriate to use telephone or video conferencing services. You are responsible for the costs associated with setting up the technology you need in order to access the telehealth services.

In order to ensure a meaningful counselling session you will need access to a quiet, private space and the appropriate device such as a smart phone, laptop, iPad, computer with a camera, microphone and speakers, in addition to a reliable broadband internet connection.

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information Renewed Hope Counselling Services uses Zoom which is compliant with the Australia standards for online security and encryption, or where applicable, your Employee Assistance Program (EAP) secure video conferencing interface.

In the provision of a group telehealth service you may become aware of the private details of other attendees and you will need to be mindful to not disclose this to any other third parties, as you will breach the right to privacy of that individual.

A telehealth consultant may be subjected to limitations such as unstable network connection which may affect the quality of the session. In addition, there may be some services for which telehealth is not appropriate or effective. In these cases, your counsellor will consider and discuss with you the feasibility of ongoing telehealth services.

Consent to receive support services by telehealth

- I have been provided with information about the service including limitations to privacy and confidentiality and I agree that in circumstances where the therapist is concerned about my welfare and is unable to contact me, permission is provided for the therapist to contact the appropriate people.

Client 1 – Full Name	Client 1 – Signature	Date
Client 2 – Full Name	Client 2 – Signature	Date