



Client Intake Form

CONFIDENTIAL PERSONAL CLIENT DETAILS

Mr/Mrs.Miss/Ms/Other _____

Given Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Telephone:Wk() _____ Hm() _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Marital Status: _____ Children: _____

Referred By: _____

Reason for consultation _____

What do you hope for us to achieve? _____

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Medical History:

List any medical (not psychiatric or behavioural) problems which you have been diagnosed with:

Are you currently under any medication? If yes, please indicate for what reason _____

Mental Health History:

Have you ever seen a counsellor, psychologist, or psychiatrist? Yes/No

If yes, when and for what reason? _____

How long did you attend? _____

Please indicate if you suffer from any mental health disorders: _____

Behavioural concerns? Yes/No. If yes please indicate _____

Has a doctor ever prescribed medication to you to help with depression, anxiety, behaviour, or mental problems (such as Ritalin, antidepressants, etc.) Yes/No

Type of medication? _____

Office Use Only

Date of first session: _____

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CLIENT DECLARATION & CANCELLATION POLICY

Your appointments and well-being are very important to us. When you book your appointment, you may be holding a space on our calendar that is no longer available to our other clients.

I agree to pay in advance for my appointments unless otherwise agreed. Either online or via bank transfer to the following: BSB:484-799 A/c: 607225253.

Please call to advise as soon as you know you will not be able to make your appointment. We understand that sometimes, unexpected situations can occur, making schedule adjustments. If you need to cancel your appointment or reschedule, we respectfully request at least 24 hours notice.

A full refund will be made if a cancellation is made at least 24 hours prior to your appointment.

Late Cancellations/No-Shows:

A cancellation is considered late when the appointment is cancelled less than 24 hours prior to your appointment. A no-show is when a client misses an appointment without cancelling. In either case, we will charge a 50% missed appointment fee.

We will do our very best to reschedule your service for another time that is convenient to you. We require a credit card to hold your appointment. Cancellation fees will be charged to your card on file. In the event of a true, unavoidable emergency, all or part of your cancellation fee may be applied to future services.

Signed: _____

Date: _____