**Kathie Halse**: Family Counselling **Client Intake & Consent Form**

Please note that you do not have to answer all the questions in this form if you are not comfortable to do so. Furthermore, some questions may not be relevant to your situation or may be confronting. However, it is our duty of care to ask them because it may be relevant to your state of mental wellbeing and/ or relationships.

Today’s Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact / Spouses Name & Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our counselling services?

|  |  |
| --- | --- |
| * Google Ads | * Friend |
| * Google Search or Maps | * Doctor Referral |

Have you ever tried Counselling, Psychotherapy, Mediation or Couples Therapy before? ( ) Yes ( ) No

If yes, did it help you? ( ) Yes ( ) No What kind of therapy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you see them for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeing anyone now?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the main problem(s) for which you are seeking help?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything important (relating to your problems) that you think your therapist should know asap?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does Kathie have your permission to try various counselling methods to heal you? For example:

Are you willing to lower your defenses to get to the heart of your problems and to express your true emotions?

( ) Yes ( ) No

Are you willing to listen, take constructive advice and commit to the work (exercises) and any counselling homework that your professional believes will help you to heal?

( ) Yes ( ) No

CLIENT HISTORY:

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational History: Are you currently: ( ) Working ( ) Student ( ) Unemployed ( ) Disabled ( ) Retired

Current Symptoms Checklist: Please circle or tick if any of the following symptoms are present:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Depressed mood | Excessive worrying | Concentration issues | Negative thoughts Self-defeating | Panic attacks |
| Perfectionism/  Judgement | Yelling often | Crying spells | General not coping | Post-natal issues |
| Forgetting things | Risky behaviours | Compulsions | Laziness or Fatigue | Insomnia/ Sleep |
| Eating too much/  Eating too little | Loss of interest in normal activities | Easy to Anger | Constantly stressed / Anxious | Resentment |
| Avoidance of social outings | Suspiciousness/  Paranoia | Smoking | Increased Gambling | Mistrust of Friends/ Family/ Partner |
| Excessive Exercise | Decreased libido | Excessive libido | Money worries | Fearful of future |
| Feeling like victim | Feeling bullied | Feeling vulnerable | Feeling guilty | Feeling unlovable |

Suicide Risk Assessment

Do you sometimes feel hopeless and/ or worthless? ( ) Yes ( ) No.

Have you ever had feelings or thoughts that you didn't want to live? ( ) Yes ( ) No.

Do you currently feel that you don't want to live? ( ) Yes ( ) No

When was the last time you had thoughts of dying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship History and Current Family:

Are you currently: ( ) Single ( ) Married ( ) Living Together ( ) In Relationship ( ) Divorced ( ) Widowed

How long?\_\_\_\_\_\_\_\_\_\_\_\_ Are you sexually active? ( ) Yes ( ) No

Couples: Describe your relationship with your spouse or partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Couples: On a scale from 1 - 10 how committed are you to this relationship? 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Couples: Do you have thoughts or plans about leaving this relationship and separating? ( ) Yes ( ) No

Is there any family violence occurring? (Domestic abuse or partner violence and can take many forms: It can be physical violence or verbal abuse, or subtle and controlling – such as emotional, financial manipulation.)

( ) Yes ( ) No. If yes, what happens and how often does this occur?

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Have you been married before? ( ) Yes ( ) No. How many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? ( ) Yes ( ) No How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are their names?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe your relationship with your children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Personal and Family Medical History:

Sexual Orientation: ( ) straight/ heterosexual ( ) lesbian/ homosexual ( ) bisexual ( ) transsexual

What do you do to relax and unwind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you exercise regularly? ( ) Yes ( ) No How many times a week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of exercise do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:

Have you ever taken any of the following medications?: Anti-depressants, Mood stabilisers, Anti-psychotics

Which and when?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Psychiatric History:

Has anyone in your family (including you) been diagnosed with the following: Please circle:

|  |  |  |  |
| --- | --- | --- | --- |
| Bipolar Disorder | Anxiety (GAD) | Depression (MDD, Post-Partum) | Alcoholism |
| Schizophrenia | Substance abuse | Post Traumatic Stress (PTSD) | Suicide Attempt |

If yes, who had the problem?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance Use:

Do you have a problem with alcohol? ( ) Yes ( ) No How often do you drink alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated for alcohol, or drug use? ( ) Yes ( ) No

Any recreational drugs/ steroids? ( ) Yes ( ) No If yes, which drugs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many caffeinated beverages do you drink a day?

Coffee \_\_\_\_\_\_\_ Soda \_\_\_\_\_\_\_\_ Tea \_\_\_\_\_\_\_\_\_ Energy Drinks \_\_\_\_\_\_\_\_\_

Tobacco: Current Smoker? ( ) Yes ( ) No Past Smoker? ( ) Yes ( ) No

How many packs per day on average? \_\_\_\_\_\_\_\_\_\_\_\_\_ How many years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Background and Childhood History:

How many brothers/ sisters do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Were you adopted? ( ) Yes ( ) No

Where did you grow up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What position do you hold in the family? (Oldest, youngest) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your parents' divorce? ( ) Yes ( ) No If so, how old were you when they divorced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your parents divorced, who did you live with?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: Describe your relationship with your dad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mother: Describe your relationship with your mum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How old were you when you left home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone in your immediate family died? Who and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Trauma History:

Have you ever been abused?: Verbally, physically, sexually or by parent neglect? ( ) Yes ( ) No.

Please describe when, where and by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE READ BEFORE SIGNING:**

**24 HOUR CANCELLATION POLICY: Short Notice Cancellations and No Shows**

Cancellation (less than 24 hours notice) and No Shows are charged at minimum ONE HOUR FEE because:

* Appointments cannot be filled at short notice. (Sickness or family problems are not exceptions)
* Standard Industry policy: Most psychologists insist on 48 hours
* Other clients may have been turned away for your time slot
* 24 Hour Policy is stated in booking SMSandstated on this contract which clients have read and signed
* ​Therapy fees will be deducted from prepaid amounts or billed to you via email
* Kathie Halse does not offer refunds to clients after the 24 hour reminder:

**Confidentialty: Confidentiality** is maintained for clients as far as possible. However, when a person is believed to be at risk of serious harm, or admits to harming another or planning a criminal offence, confidentiality must be waived under a duty of care (Qld Mandatory Reporting).

Kathie Halse subcontracts to Ghita Andersen Counselling, but has her own clinic and ABN.

I have read and agree to the 24 Hour Cancellation Policy terms and Confidentiality Clause above. I understand that as a client I have the right to be treated ethically as stipulated by professional ethical guidelines.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_