

# Personal Intake History

*To be completed prior to your initial counselling session.*

This form is designed to give me some background information before we begin working together. It may seem lengthy, and somewhat intrusive, but answers can be as brief as you wish. Please complete the form as best you can, giving only details you feel comfortable with disclosing. Your answers will not be seen by, or discussed with, anyone except me.

## REQUIRED INFORMATION

Preferred Prefix			
Name			
Date of Birth			
Telephone			
Address Line 1			
Address Line 2			
Suburb			
State		Postcode	

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## OPTIONAL INFORMATION

Do you have any medical conditions I should be aware of? Please provide relevant details:		
Have you ever been prescribed psychiatric medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide any details:		
Do you engage in recreational drug use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how often?		
Do you have any pending legal matters I should be aware of? (e.g. warrant for arrest, or pending legal court issues)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide brief details:		

## Signature

This contract must be signed electronically or in hard copy before returning to Chris Doyle, Counsellor prior to your initial counselling session. Electronic signatures count as original for all purposes.

Name	
Signature	
Date	