## 

## **Client Intake Form**

**Confidential – All information provided will be treated in strict confidence and stored in accordance with GDPR.**

### **Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say ☐ Other: \_\_\_\_\_\_\_\_\_\_
* **Address:**
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred method of contact:** ☐ Phone ☐ Email ☐ Text ☐ Other: \_\_\_\_\_\_\_\_\_\_\_

### **Emergency Contact**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship to you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **GP Information (Optional)**

* **Name of GP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Practice Address / Contact Info:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Referral Information**

* **How did you hear about our service?** ☐ GP ☐ Friend/Family ☐ Online ☐ Employer ☐ Other: \_\_\_\_\_\_\_\_\_\_\_
* **Are you currently receiving counselling or psychological support elsewhere?** ☐ Yes ☐ No  
   If yes, please provide brief details:

### **Presenting Issues**

Please briefly describe the main reason(s) you are seeking counselling:

### **Medical / Mental Health History**

* Are you currently taking any medication related to mental health? ☐ Yes ☐ No  
   If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever been diagnosed with a mental health condition? ☐ Yes ☐ No  
   If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Availability & Preferences**

* Preferred days/times for appointments:  
   ☐ Morning ☐ Afternoon ☐ Evening  
   Days: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

**Please note our low-cost counselling is only available in person**

### **Consent & GDPR**

Please read and confirm the following:

☐ I understand that all information shared is confidential unless there is a risk of harm to myself or others.  
 ☐ I consent to my personal data being stored securely in accordance with GDPR.  
 ☐ I understand I can request access to or deletion of my data at any time.  
 ☐ I agree to the cancellation policy and terms of service.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_