Keep loving & Keep Going

Agape_Reflections

COUNSELLING INTAKE FORM

1. CLIENT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact: _____ Phone: _____

2. REASON FOR SEEKING COUNSELLING

What brings you to counselling today?

_____

_____

How long have you been experiencing this concern?

_____

3. CURRENT WELL-BEING

Please tick where applicable:

Mood: ☐ Good ☐ Okay ☐ Low ☐ Anxious ☐ Stressed ☐ Other: _____

Sleep: ☐ Good ☐ Fair ☐ Poor **Appetite:** ☐ Normal ☐ Increased ☐ Decreased

Current major stressors:

☐ Relationships ☐ Family ☐ Work/Studies ☐ Finances ☐ Loss/Grief

☐ Other: _____

4. COUNSELLING GOALS

What would you like to achieve through counselling?

_____

_____

5. RELEVANT BACKGROUND

Have you received counselling before? ☐ Yes ☐ No

If yes, briefly explain: _____

Is there anything else you feel would help your counsellor understand you?

_____

_____

6. CONFIDENTIALITY & CONSENT

I understand that counselling is confidential, subject to applicable legal and professional limitations.
I understand that I may ask questions about the counselling process and may withdraw my consent where applicable.

Client Name: _____

Signature: _____ Date: _____

FOR COUNSELLOR USE ONLY

Date of Initial Session: _____

Presenting Concern: _____

Initial Observations/Notes:

_____

_____

Counsellor: **S. MASHININI** Reg. No.: **10878**