

INTAKE FORM

Individual Arts Therapy & Counselling

Thank you for completing this. Please bring this with you during your first appointment. Or if you are more comfortable we can fill this information out together over a chat and or art making.

Name:	
Date of birth:	
Gender Identity:	
Pseudonym name:	

Contact Address:		May I leave a message?
Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Your contact number:		
Emergency person:		
Phone number:		
How did you find me?		
Website <input type="checkbox"/>	Health Kit <input type="checkbox"/>	Word of mouth <input type="checkbox"/>
		NNT <input type="checkbox"/>
		Other <input type="checkbox"/>
Relationship status:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>
		Divorced <input type="checkbox"/>
		Dating <input type="checkbox"/>
		De facto <input type="checkbox"/>
		Other <input type="checkbox"/>
Length of time in relationship?		

Have you received prior Arts Therapy /Individual Counselling? What worked/ what did not?



What do **you hope to accomplish** in the session/s?

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What are your main **worries and fears** in coming to therapy?

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What do you consider to be some of your **strengths**?

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What do **you not like about yourself**?

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Current **mental health issues** and or **diagnosis** I should be aware of?

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Have you experienced **feeling suicidal?** & what are some of your protective factors?

Any substance abuse and or **traumatic experiences** that you have faced that you would **like to share?**

How do you describe your **family of origin dynamics/ your role** in your family system?

Please circle any of the following that apply to you:

<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Unable to relax	<input type="checkbox"/> Sexual problems
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Feel insecure	<input type="checkbox"/> Feel inferior
<input type="checkbox"/> Headaches	<input type="checkbox"/> Grief	<input type="checkbox"/> Depression	<input type="checkbox"/> Often angry
<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Cannot cry	<input type="checkbox"/> Cry often	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Worrying

What may be **your barriers in coming** to Arts Therapy? Is there anything else I need to know but have not asked?