**ADULT CLIENT INTAKE FORM SOUTH WOODFORD-DR SARA TRAYMAN**

**Personal Information**

Name: Date of birth:

Marital status: [ ] Never married [ ] Partnered [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

Number of children, names, ages:

Home address:

Contact telephone number(s): Home-

 Mobile-

Email address:

|  |
| --- |
| Are you happy to be contacted/left a message on:Email [ ] Yes [ ] NoMobile [ ] Yes [ ] NoHome phone [ ] Yes [ ] No |

Private Health Insurance Details (if relevant)

Name of Insurance Company:

Authorisation Number: Membership Number:

**GP details**

GP name: GP telephone number:

GP address:

**Next of Kin**

Name: Relationship:

Telephone number:

How did you hear about me?

**Personal History**

Currently receiving medical or therapeutic treatment elsewhere? Name and details of practitioner:

Previously had therapy? [ ] Yes [ ] No

Details of previous therapy:

Currently taking any prescribed medications including antidepressants?

Previously prescribed any psychiatric medications?

How is your physical health? Any health concerns?

Any problems with sleep? Or appetite?

Any recent suicidal thoughts?

Significant life changes or stressors in the past year?

Currently employed?

What are your goals for therapy?

**Agreement**

* **I understand that what I discuss in my therapy sessions is confidential unless it involves risk of harm to myself of others. If this is the case I am aware that my therapist may need to disclose this information to other professionals but she will endeavour to discuss this with me first.**
* **I agree that I will pay on my second session for one session in advance which will cover the final session that we have.**
* **I am aware that if I do not attend a session and do not cancel *or* if I cancel with less than 48 hours notice that I am liable for paying the full session fee.**
* **I offer email confirmation the day before your appointments. Tick here if you would like to opt out [ ]**

**Client**

SIGNED: DATED:

SIGNATURE OF PARENT IF CLIENT UNDER 18:

Therapist

SIGNED: DATED: