

Client Intake Form



If possible, please complete prior to your first session. If you prefer, we can discuss any of the information in this form and complete in person. Please see our Disclaimer and Waiver below for details about how your information will be protected.

Referred by (if applicable)	Date	Client #
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Personal Details

First Name	Surname	D.O.B
Address		Suburb
State	Postcode	Email
Phone Number	OK to identify caller? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Language	Ethnic/Cultural Identity	
Gender	Occupation	

Relationship Status

Select One <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Living with partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouse Name	Spouse Gender Pronouns
Other Significant Relationships (parents, children, siblings, etc.)	

Emergency Contact : You provide permission to contact in case of emergency

Name	Contact Phone Number
Alternative Contact Number	
Relationship to You	

Lifestyle

How many hours a night do you sleep? Do you have trouble falling asleep? Staying asleep? Waking frequently during the night? Wake feeling refreshed and rested?
Do you exercise? If so, what and how often?
What is your typical diet like?
What do you do to have fun?
What level of stress are you currently experiencing?
List your main stressors at the current time.
Is there anything else that may be relevant that we haven't covered, in particular in relation to emotions?

Health & Medical Details

GP Name	GP Practice
Medication (if relevant)	
Diagnosed/Suspected Health Conditions (including Mental Health)	
Any physical issues such as pain or other conditions?	
Previous Experience of Counselling/Psychotherapy	
Have you tried other therapies? If so, please list	
Family Illnesses/addictions (* optional)	
RELATION	ILLNESS/ADDICTION

Environment

What was your environment like growing up?
Do you have any negative recurring patterns in your life?
Out of 10, how committed are you to improving your life? (0 being not at all, 10 highest possible)

Other Information

Reason for seeking counselling/support
What are your long and short term goals for attending these sessions?
Is there anything else you would like me to know about you or which might be important for me to know?
Can you identify three strengths?
Can you identify three weaknesses?
How did you hear about this counselling/support service?
Select Modality(ies) you are interested in <input type="checkbox"/> Counselling <input type="checkbox"/> Root-Cause Therapy <input type="checkbox"/> ThetaHealing <input type="checkbox"/> Equine Therapy * <i>please complete additional Eureka Horse Wisdom waiver</i>
Do you acknowledge and understand that in order to create change in ourselves, we need to commit the time and energy required? This will be different for each individual. <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any idea of how many sessions you may need/want?
The link you will need if organising Online Video sessions is : https://doxy.me/soowoodstherapist

Please read the following important information

Client In-Person and Online Video Disclaimer and Waiver

Including but not limited to Counselling, Root-Cause Therapy, Equine Therapy, ThetaHealing®

- You are not obligated to provide any information requested of you, but your failure to do so might compromise the quality and outcome of the sessions you receive.
- **Confidentiality and Record Keeping** : In general, the information that you share with me will remain confidential. This means that I must protect your privacy and not share information about you with others. This applies whether the information is given to me verbally or in written form, and extends to the fact that you have attended or are going to attend sessions with me. I have a legal obligation to protect this information and I do so by ensuring that all paper records are kept in a secure filing cabinet to which nobody else has access; that all electronic records are kept in secure documents to which nobody else has access. I will keep your counselling records for at least seven (7) years, and in some cases I may be required by law to retain records for a longer period
- **Limits of Confidentiality** : It is important that you understand, however, that there are certain circumstances under which I will share information about you or about what you have told me. These situations are:
 - Where you have explicitly given me permission to share information, such as informing your emergency contact of an emergency situation or when you have signed your permission for a referral
 - Where I consider you to be at risk of harming yourself or someone else
 - Where I consider a child to be at risk
 - In some cases where a significant crime may be or has been committed
 - Where our counselling records, or part thereof, have been requested by a court of law
- At times, I may also discuss aspects of our work together with my professional supervisor. This is an important part of my meeting my professional responsibilities. I will not provide information that could identify you in the course of these discussions.
- You accept that while the intention of treatment provided by Soo Woods Therapist is for healing, there is no guarantee of healing, rehabilitation or cure. You understand that sessions with Soo Woods Therapist are in no way intended to replace medical treatment or advice, or to make a diagnosis. If you are having symptoms of illness please seek medical attention. Do not rely on sessions with Soo Woods Therapist as the only treatment you receive.
- You understand there are no refunds provided once sessions have commenced.
- You acknowledge that to ensure duty of care, you may be referred to a medical practitioner if your case exceeds the expertise or scope of practice of the practitioner within Soo Woods Therapist.
- The modalities used by Soo Woods Therapist include energetic and faith-based approaches and work with your conscious and subconscious belief systems. Physical contact is not required in order for healing to take place.
- Healing works best when *you* take action. If you choose to seek medical treatment as part of your action plan, you can combine this alongside sessions with Soo Woods Therapist and it may help you through the healing process.
- In-person and Online Video sessions may include communication in person, via emails, by telephone and using interactive audio, video or data communications. There are risks and consequences from Online communications (eg email, video) including, but not limited to, the possibility that despite reasonable efforts on the part of Soo Woods Therapist that the transmission of any information could be disrupted or distorted by technical failures and the transmission of information could be interrupted by unauthorised persons.
- Email may be used to communicate with Soo Woods Therapist but confidentiality of emails cannot be guaranteed (as per prior clause)
- There is the possibility that Online Video sessions may not be as complete as In-person sessions
- For Online video sessions, you are responsible for providing the necessary computer, telecommunications equipment and internet access for your sessions, the information security on your computer and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for the duration of your session(s)
- Soo Woods Therapist does not provide emergency services. If you are experiencing a crisis, call 000 (within Australia) or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, please call Lifeline Australia Crisis Support on 13-11-14 (Australia), the National Suicide Prevention Lifeline at 1.800.273.8255 (USA) or the appropriate Lifeline in your country for free 24 hour hotline support.

Cancellation Policy

- Please provide at least 48 hours notice if you need to cancel/reschedule your appointment.
- A cancellation fee of 100% applies for cancellations made less than 24 hours in advance, or in case of a no-show.

Client

By signing below I confirm that I have read, understood and accepted the above conditions and the information provided on this form is true and correct.

Furthermore, by signing below, I waive Soo Woods Therapist, from the liability of any pre-existing physical, mental, emotional or spiritual condition I may have or anything I may experience during or after the session(s), including overdose, death, injury incurred or claims to damages. I accept full responsibility in continuing my treatment during and after the session and consulting a medical professional before starting, changing or stopping any medication/treatment

X

Print Name:

Date: