

**PRIVATE AND CONFIDENTIAL INTAKE SHEET**

Name: <input type="text"/>	DOB/Age: <input type="text"/>
Phone: <input type="text"/>	Relationship status: <input type="text"/>
Occupation: <input type="text"/>	Children: <input type="text"/>
Address: <input type="text"/>	GP: <input type="text"/>

Emergency contact person/phone:

Medications current/previous:

Alcohol and recreational drugs

*Please outline current use and any difficulties:*

Reason for seeking therapy now (what is causing you concern)

*Please include any previous episodes/history:*

Family background & relationships

*Including your experience of childhood and school:*

**Relevant background**

*life events/employment/housing/finances:*

**Previous Trauma?**

**Past experience of therapy/counselling:**

**Do you consider yourself a risk to yourself or others?**

*If yes please outline any instances (history) of self-harm, suicidal thoughts or compulsion to harm others:*

**What are your ambitions from therapy at this time:**

**Please include anything else you consider important that I should know:**