

Client Intake Form

Full Name	
Age	
Gender Identity	
Contact Information	Phone: Email:
Emergency Contact	Name: Relationship to client: Phone: Email:
Occupation	
Living Situation	
NDIS Number	
Presenting Concerns	Reasons for seeking therapy: Current symptoms/challenges: Onset/Duration:
History	Previous therapies and/or medications: Life events/stressors:
Goals and Expectations	Therapy goals: Expectations: Concerns/Fears:
Anything else you would like your therapist to know	