

Intake Form

Please take the time to complete the following questions. These answers help your psychologist to better understand you and to tailor your psychotherapy sessions to best suit you. Your information will remain confidential, except for a few rare circumstances which your psychologist will discuss with you at your first appointment. If you have any questions about this form, please discuss this with Mark at your next session.

For most of these questions a tick, cross, 'Y' or 'N' will suffice to indicate whether the specific problem applies to you. Other parts of this questionnaire will ask for a small amount of detail. *If there are any questions that you would rather speak to Mark about in-person, or that you are not comfortable including in this form, please make a note and raise this with Mark at a later date.*

Client Details

Name			
DOB		Age	
Address			
Home number			
Mobile number			
Email			
Medicare card number			
Medicare – number before your name			
Would you like to receive SMS appointment reminders?	YES NO		

Providing the above contact details signifies your consent to be sent information and requests regarding your psychology sessions. If there are any issues around confidentiality with the use of these contact details, please advise your psychologist immediately.

Emergency Contact Details

Name	
Relationship	
Daytime contact details	
After hours contact details	

Providing the above emergency contact details signifies your consent for your emergency contact person to be contacted in the event that you harm yourself in some way.

Marital status:

If in a relationship, how long have you been in this relationship?

Do you identify as heterosexual, homosexual, bisexual, other:

Current living circumstances (e.g. home owner, renting, boarding):

Who do you currently live with?

What would you say are your main reasons for wanting to see a psychologist at this time (please detail):

Have you seen a psychologist before?

If so, when was this?

For how long did you see this person(s)?

Have you seen a psychiatrist before?

If so, when was this?

For how long did you see this person(s)?

Have you ever been hospitalised for psychological/psychiatric difficulties?

If so, when did this occur?

For how long were you hospitalised?

Have you been experiencing sadness, depression or upset?

If so, over the past two weeks, on average how often have you felt this way (e.g. daily, once a week)?

When you feel sad, on average, how long does it last (e.g. 1 hour, all day long, etc.)?

For how long have you felt this way overall (e.g. 6 months, 2 years, etc.)?

Have you lost interest or pleasure in activities that you used to enjoy?

Do you sometimes feel hyper, euphoric or on top of the world?

Do you ever go for periods without needing sleep?

Do you ever feel that you can't stop talking?

Do you have any sexual concerns?

Do you have any problems with the following;

- Sleep problems

- Weight and appetite changes
- Poor concentration/indecisiveness
- Feeling fatigued
- Feeling as though you were slowed down,
- Feeling fidgety and finding it difficult to sit still
- Feeling bad about yourself
- Having thoughts of self-harming
- Having thoughts of ending your life

Do you often experience nervousness or anxiety?

If so, when do you tend to experience this (e.g. when around others, when thinking too much, when you see a reminder of a past trauma)?

How often do you feel this way (e.g. daily, once a week)?

When you feel anxious, how long does it last (e.g. 1 hour, all day long, etc.)?

For how long have you felt this way (e.g. 6 months, 2 years, etc.)?

Do you have any problems with the following;

- Social situations
- Phobias (spiders, snakes, heights, enclosed spaces, etc.)
- Intrusive and distressing thoughts (e.g. of harming others, loved ones being harmed, etc.)
- Compulsive behaviours (e.g. excessive cleaning or handwashing, excessive orderliness, re-checking that doors are locked and/or the stove is off, etc.)?
- Worries about your health or having an illness?
- Worries about physiological sensations (e.g. increased heart rate, dizziness, etc.)?
- Excessive general worry, about daily problems (e.g. finances, family, health, etc.)?

Have you experienced any traumatic events during your life (e.g. physical, emotional or sexual abuse, physical or sexual assault, serious car accident, war, had your life threatened in some way, etc.)?

If so, please provide details:

Do you currently use any substances (e.g. alcohol, amphetamines, cannabis, codeine, etc.)?

If so, please detail;

If so, how often do you use this substance(s)?

For how long have you been using this substance(s)?

If not currently, have you used substances in the past?

If so, what substances, at what time in your life, and for how long?

Do you have any concerns about your weight?

If so, please provide details?

Do you consider yourself to be of normal weight, underweight, overweight or obese (please circle)?

Do you have any concerns about any parts of your body?

Do you have any concerns around your gender identity?

Have you ever seen or heard things that you don't think other people can see or hear (e.g. heard voices or strange noises, seen visions or other people, etc.)?

If so, please detail:

Do you ever feel watched or that you are being monitored in some way?

If so, please detail:

Do you feel that you have any special abilities?

If so, please detail:

Have you had any beliefs that people around you did not believe?

If so, please detail:

Do you feel that you know yourself well?

Have you had problems with relationships in the past?

Do you feel that you are better than most other people?

Do you feel that you are inferior to most other people?

Are you generally accepting of others?

Are you generally suspicious of others and their motives?

Please bring this form to your initial appointment or email it using the email address below.

If you have any questions about this form, please feel free to contact Mark.

Thank you!