CLIENT INTAKE & CONSENT FORM

 (*For Therapist’s use only*) Ref. No. …………………………

CONFIDENTIAL

**This intake form is to be completed by all new clients. The information you provide will become part of your confidential records.**

**First Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Post Code \_\_\_\_\_\_\_\_\_\_\_**\_\_\_

**Home Tel. No.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Tel. No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ext.** \_\_\_\_\_\_\_

**Mobile No. \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G.P’s Surgery Contact Tel. No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ……………………………………………………………………………… hereby give my consent for you to collect and process the above information, as required by you, the therapist, for the pursuance of both my own and your legitimate interests. I have read, understood and I accept your **Privacy Notice**

in respect of the handling of my recorded data.

**Client signature \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*For Therapist’s use only*) Ref. No. …………………………

CONFIDENTIAL

**This intake form is to be completed by all new clients. The answers you provide will become part of your confidential records. Should you have any queries, or require assistance with any of the below questions, please feel free to ask your therapist.**

# 1. Have you had any previous treatment for psychological issues?

 If yes, please give details – i.e. when, where, how long, provider name, medications etc

#

**2. Are you currently taking (or in the recent past, taken) any prescription or over-the-counter**

 **medications?**

 ***If yes, please give details:***

**3. Does anyone in your family (blood relatives) suffer with any psychological problems?**

 ***If yes, please give details:***

4. Do you Smoke

 ***If yes, please give details – how many, how often***

5. Do you drink alcohol?

 ***If yes, please give details – how much, how often, any blackouts, etc.***

6. Do you use any recreational drugs?

 ***If yes, please give details – what drugs, how often, last use etc.***

7. Have you ever suffered from any type of eating disorder?

 ***If yes, please give details:***

8. Do you have any work/school-related problems / relationship problems?

 ***If yes, please give details:***

9. Do you have a history of trauma (any kind of abuse, neglect, victim of natural or other disaster etc)?

  *If yes, please give details:*

*Please provide more information about the issue, what has been happening and what makes it worse*

(*Continue on a separate sheet if necessary*)

I ……………………………………………………………………………hereby give my permission for you to collect and process the above information, including any sensitive personal information as defined under the General Data Protection Act (GDPR), and as required by you, the therapist, for the pursuance of both my own and your legitimate interests. I have read, understood and I accept your **Privacy Notice** in respect of the handling of my recorded data

**Client signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_