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**COUNSELLING INTAKE INFORMATION**

**Date:** \_\_\_\_\_

Please provide the following information. All information provided will comply with the federal *Privacy Act 1988*, the NSW *Privacy & Personal Information Protection Act 1998*, or both. The intent of use is to provide brief assessment information to our counsellors.

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Mobile Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Email Address: \_\_\_\_\_ May we email you?  Yes  No

(Please note email might not be confidential)

Referred by: \_\_\_\_\_ Organisation: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you seen a counsellor/psychologist in the past?

Yes  No

Can you remember the year? \_\_\_\_\_

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Do you have a diagnosed mental health condition?

Yes  No

If yes, please list.

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Do you have a General Practitioner?

Yes  No Name: \_\_\_\_\_ Suburb: \_\_\_\_\_

Please list any psychiatric medication/s you are currently taking.

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On a scale of 1-10, how would you rate your mood? (1 = very low and 10 = very high)

1 2 3 4 5 6 7 8 9 10

What is the nature you are seeking Counselling?

Depression	<input type="checkbox"/>	Anxiety; Social Phobia; Panic Attacks	<input type="checkbox"/>
Legal	<input type="checkbox"/>	Anger management	<input type="checkbox"/>
Alcohol/Substance Abuse	<input type="checkbox"/>	Trauma	<input type="checkbox"/>
Grief & Loss	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Suicide Attempts	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	Relationship Breakdown	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Emotional support	<input type="checkbox"/>
Employment-related	<input type="checkbox"/>	Housing-related	<input type="checkbox"/>
Unsure / indeterminate	<input type="checkbox"/>	Sexuality	<input type="checkbox"/>

Other: \_\_\_\_\_

What you would like to achieve through counselling? List if more than one reason.

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