

Client intake form before the first session

Contact details

- Name and how you would like to be addressed
- Phone or messenger
- Time zone
- Emergency contact (optional)

What brings you here

- In your own words, what brings you here now
- How long has this been going on
- If our work goes well, what will be different in your life

Previous help

- Have you seen a psychologist or therapist before: yes / no
- What helped then, and what didn't

Medication

- Are you currently taking medication prescribed by a doctor: yes / no (no details needed)

Safety

If you are in danger right now, don't wait for our session: call your local emergency number.

- In the past month, have you had thoughts of harming yourself: yes / no
- Have you had thoughts of harming someone else: yes / no
- Is anyone currently threatening your safety: yes / no

Goals

- What you want to achieve in our work
- How you will know things are getting better

Consent

I understand the terms of confidentiality and its limits, and I agree to begin work.

Signature: _____ Date: _____