**A picture containing blur

Description automatically generatedIcon

Description automatically generated with medium confidencePsychology Intake Form**

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| --- | --- | --- | --- |
| Full Name: | | | |
| Gender of person seeking services:  Male:  Female:  Other: | Date of Birth: | Are you seeking services for yourself, or on behalf of somebody else?  Myself:  Other:  Insert Full Name here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Phone No: | | | |
| E-Mail: | | | |
| Address: | | | Postal Code: |

|  |  |  |
| --- | --- | --- |
| Who can we contact if you need support? | Name:  Phone No:  Relationship: | I consent to this person being contacted in the event I am unwell or in distress. Yes: |

|  |  |
| --- | --- |
| Please explain briefly what you are seeking help for? |  |

|  |  |  |
| --- | --- | --- |
| Have you ever seen a psychologist in private practice before? | Yes If yes, how was this experience for you? | No |

|  |  |
| --- | --- |
| What outcomes would you like to achieve?  e.g. Better Coping Skills, Less Anxiety, Better Sleep |  |

|  |  |
| --- | --- |
| Do You have Private Health Insurance? | Yes:  No:  Name of Provider: |

|  |  |
| --- | --- |
| How did you find out about our clinic? | GP:  Family / Friends:  Google:  Street Signage:  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Any other comments?  Is there anything else you would like us to know? | Yes | No |

*Thank you!*

*A Wellness Place Team member will contact you within 48 hours to schedule an appointment.*

*\*Replies to enquiries made outside of our standard operating hours may experience slight delays from time to time\*.*

*If your matter is life threatening, please contact “000” to seek immediate assistance*

*Alternatively contact Lifeline on 131114 or the Suicide Call Back Service on 1300 659 467*