**Psychology 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:  |

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| --- | --- | --- |
| 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: [ ]  |

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

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

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| 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:  |

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

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| 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*