



PO Box 4682

Loganholme Qld 4129

Phone: 07 3801 2833

Email: [admin@logancounsellingservices.com.au](mailto:admin@logancounsellingservices.com.au)

[www.logancounsellingservices.com.au](http://www.logancounsellingservices.com.au)

## *Client Details*

Welcome to Logan Counselling Services. We look forward to providing you with caring and affordable counselling services. Please take a few minutes to fill out this form. The information will help us to better understand your situation as well as potential solutions in helping you get your life back on track. Please note - the information is confidential, for our use only, and will not be released to anyone without your written permission.

### **Personal Information**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Sex:  Female  Male Religious Affiliation (if any): \_\_\_\_\_

Home Phone \_\_\_\_\_ Is it okay to leave a message?  Yes  No

Work Phone \_\_\_\_\_ Is it okay to leave a message?  Yes  No

Mobile Phone \_\_\_\_\_ Is it okay to leave a message?  Yes  No

Email Address: \_\_\_\_\_ May we e-mail you?  Yes  No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

In an emergency, who do we call? Contact Name & Phone;

\_\_\_\_\_

**Social / Family Information**

Which best describes you? Choose all that apply:  Never Married  Married

Separated  Divorced  Engaged  Living Together

Widowed  Same-Sex Partners

If you are currently in a relationship, for how long? \_\_\_\_\_.

On a scale of 1 to 10 (with 10 being best), how would you rate your satisfaction with your current relationship? \_\_\_\_\_.

Do you have children? If so, please provide names and ages: \_\_\_\_\_

\_\_\_\_\_

If you have listed children, with whom do they live? \_\_\_\_\_

Do you have any pets in the home? If so, what type? \_\_\_\_\_

List any other individuals living in your home (other than you and any children listed above): \_\_\_\_\_

\_\_\_\_\_

**Medical and Mental Health History / Information**

Are you currently being treated by a doctor for any medical conditions? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking prescription, over-the-counter or herbal medication?  No  Yes; Medication name/dose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever seen a Psychiatrist or other mental health provider?  No  Yes; If yes, when? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_ Was it helpful?  Yes  No

### **Counselling Concerns**

What are the issues for which you are currently seeking assistance? Please be as specific as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What have you previously tried in order to resolve these issues (e.g. religious counselling, talking with family/friends)? Has anything been helpful?

---

---

What are some of your coping strategies?

---

---

What do you consider to be your strengths?

---

---

### **Counselling Goals**

Goals are very important in counselling. They provide us with a focus and direction that will help us to help you. Please list the goal(s) that you hope to address and achieve in counselling. Please be as specific as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **Risk Assessment**

Is there any family history of mental illness or substance abuse? If so, please list relationship & diagnosis:

---

---

Please list family, friends, support groups and community groups which are helpful to you \_\_\_\_\_

---

---

List any personal history of emotional, physical, and/or sexual abuse:

---

---

Has a family member or close friend ever committed suicide?  No  Yes, (who)

\_\_\_\_\_

Have you been having any thoughts of harming yourself or others?

Yes  No  Self  Other(s)

Have you ever been involved in any significant legal actions, currently or in the past (e.g.: lawsuit, probation, parole)? If so, please state who and under what circumstances:

---

### Alcohol / Substance Use Survey

How often do you have a drink containing alcohol?

Never  1/month or less  2-4/month  2-4/week  more than 4/week

How many drinks containing alcohol do you consume on a typical day that you are drinking?

1 or 2  3 or 4  5 or 6  7 to 9  10 or more

Do you use marijuana or other "street drugs"? (Remember, this information is confidential)

No  Yes; what type/quantity/frequency of use: \_\_\_\_\_

If you prefer not to answer in writing and choose to discuss this privately with the therapist, check here

### Referral Source

How did you learn about Logan Counselling Services?

Doctor \_\_\_\_\_  Advertising (source) \_\_\_\_\_  Internet \_\_\_\_\_  
\_\_\_\_\_  Friend \_\_\_\_\_  Other \_\_\_\_\_

**Thank you for taking the time to fill out this form.**

**In signing below I acknowledge that the information I have provided is true and correct to the best of my knowledge at the date signed. Further, I acknowledge that I have been provided with a Logan Counselling Services brochure detailing consent and rights/responsibilities of undertaking counselling. I also acknowledge that it is my responsibility to read the aforementioned document and if I am unsure of any of the information I will ask for clarification from Logan Counselling Services staff.**

Client Name (please print): \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_