

Counselling Interactive

Client Data

Title (Mr/Mrs/Miss etc.) _____ Date: ____/____/____

Given Names: _____ Surname: _____

Address: _____ Post Code: _____

Phone (Mobile): _____ (W): _____ (H): _____

Email (1): _____ (2) _____

D.O.B: ____/____/____ Place of Birth: _____ Ethnicity: _____

Mother Language: _____ Preferred Language: _____ Religion: _____

Occupation: _____ Years lived in Australia: _____

Household Income <\$25k, \$25k< <\$50k, \$50< <\$85k, \$85k< <\$100k, \$100k<

Brief Description of Issues that brought you to counselling:

How long has the issue affected you/been occurring? _____

Marital Status (Circle): Single / Married / De facto / Separated / Divorced / Widowed

Partner:

Quality of Relationship: _____ Length: _____

Living together? (Circle): Yes / No Blended Family? (Circle): Yes / No

Children:

1. Age: _____ Gender: M/F Living with?: Yes /No Quality of Relationship: _____

2. Age: _____ Gender: M/F Living with?: Yes /No Quality of Relationship: _____

3. Age: _____ Gender: M/F Living with?: Yes /No Quality of Relationship: _____

4. Age: _____ Gender: M/F Living with?: Yes /No Quality of Relationship: _____

5. Age: _____ Gender: M/F Living with?: Yes /No Quality of Relationship: _____

Father: Present/Passed Away Age: _____ Quality of Relationship: _____

Mother: Present/Passed Away Age: _____ Quality of Relationship: _____

Sibling 1: Age: _____ Gender: Bro/Sis Older/Younger Quality of Relationship: _____

Sibling 2: Age: _____ Gender: Bro/Sis Older/Younger Quality of Relationship: _____

Sibling 3: Age: _____ Gender: Bro/Sis Older/Younger Quality of Relationship: _____

Have you had previous counselling?: Yes / No

If 'Yes', what for?: _____

What are you hoping to achieve from counselling now?

Office Use Only					Agreed Fee
CN#		Date Processed		Initial	\$

