



KAREN BOOTH
Psychotherapy and Counselling

Client No: _____

Intake Form

NAME: _____

ADDRESS: _____

DATE of BIRTH: _____

EMAIL ADDRESS: _____

Can you be contacted at home? Yes [] No [] PH: _____

Can you be contacted at work? Yes [] No [] PH: _____

MOBILE: _____

EMERGENCY CONTACT PERSON:

Name: _____

Relationship: _____

Contact no: _____

REFERRAL SOURCE: _____

Have you seen a Counsellor/Therapist before? Yes [] No []

Any current illnesses that may affect your therapy?

Any medications? _____

Any other information that will help your therapy?

What brought you to therapy? (please use another sheet of paper or email if not enough space)

SIGNATURE: _____ DATE: _____

* All of your personal information is completely confidential and your Therapist is a member of GANZ (PACFA accredited) and is fully insured by Therpysure Insurance.