Intake Form

1. Contact Details

Name of Student		Age	DOB
USE BLOCK CAPITALS			/ /

School		Year Level

Names of Parents/Guardians		Relationship

Address

Street	
Suburb	Post Code

Email

Phone (BH)	Phone (AH)

Mobile

2. Counselling Issues

Choose any that apply:

- ☐ Anxiety or stress
- ☐ Anger management
- ☐ Learning disability (e.g. dyslexia)
- ☐ Bullying
- ☐ Motivation or organisation

- ☐ Depression
- ☐ ADHD
- ☐ Social skills or friendship issues
- ☐ Study skills
- ☐ Other - please provide details below:

3. Assessment Requirements

Choose one:

- ☐ Mental Health & Wellbeing Assessment
- ☐ Determine school readiness
- ☐ Assess for a learning difficulty (such as dyslexia)
- ☐ Assess for intellectual giftedness
- ☐ Identify individual learning profile (strengths and weaknesses)
- ☐ Other - please provide details below:

3. Family History

List any relevant family history:

E.g.: marriage status of parents, deaths in family, family conflicts, etc.

Sibling Name	Age	Relationship

Provide brief details of any learning problems or mental health issues in your family:

E.g. dyslexia, autism spectrum disorders, psychiatric disorders, etc.

4. Health and Developmental History

Provide brief details of birth:

E.g.: premature or late birth, trauma at birth, any early issues as a baby.

Provide brief details of health and developmental history:

E.g.: developmental milestones achieved normally, etc.

Eyesight/Vision:

☐ No vision problems
☐ Vision assessed with no issues found
☐ Vision assessed with issues found – please provide details below:

Hearing:

☐ No hearing problems
☐ Hearing assessed with no issues found
☐ Hearing assessed with issues found – please provide details below:

Provide brief details of any relevant interventions:

E.g.: speech pathology, occupational therapy, physiotherapy, special programs, etc.

5. Social and Emotional History

Provide brief details of any social and emotional issues:

E.g.: anger management, anxiety, depression, friendship issues, etc.

Has there been any previous counselling?

☐ Yes ☐ No

If yes, provide brief details:

I.e., what interventions were used and what was the outcome?

Rate organisational skills:

☐ Very Poor ☐ Poor ☐ Adequate ☐ Good ☐ Excellent

Comments:

Rate motivation for learning and schoolwork:

☐ Very Poor   ☐ Poor   ☐ Adequate   ☐ Good   ☐ Excellent

Comments:

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6. Previous Assessment History

Have there been any previous psycho-educational assessments?

E.g.: cognitive or intelligence tests, achievement tests, personality tests, etc.

☐ Yes ☐ No

Name of Test	Date Administered
	/ /
	/ /

Are reports available?

☐ Yes ☐ No   (If yes, please bring to first session.)

7. Educational History

Name(s) of Previous School(s) / Kindergarten(s)	From Year Level	To Year Level

Have there been any instances of school refusal or truancy?

☐ Yes ☐ No **If yes, list reasons**:

Completed By	Date
Print name in BLOCK CAPITALS	/ /

Signature: ....