

Client Intake Form

Client Information

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Gender: _____
- Contact Number: _____
- Email Address: _____
- Address: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Contact Number: _____

Referral Information

- How did you hear about The Mind Point?

Presenting Concerns

- Please describe the main reason(s) you are seeking therapy:

Mental Health History

- Have you previously received any mental health treatment? (Yes/No)

If yes, please specify:

- Are you currently taking any psychiatric medications? (Yes/No)

If yes, please list:

Medical History

- Do you have any significant medical conditions? (Yes/No)

If yes, please specify:

Lifestyle and Support

- Are you currently employed? (Yes/No)
- What is your occupation? _____
- Do you have a support system (family, friends)? Please describe:

Goals for Therapy

- What do you hope to achieve through therapy?

Consent

I understand that the information I provide is confidential and will be used solely for the purpose of my therapy and treatment planning.

Client Signature: _____

Date: _____