



TARYN NUNN
counselling services

✉ info@tarynnuncounselling.co.za

☎ +27 68 035 4110

🌐 www.tarynnuncounselling.co.za

Client Information

Section A – Personal Information

Full names:	DOB:	Age:
Residential address:	Postal address:	
Cellphone number:	Email address:	
Work number:	Home number:	
Occupation:	Employer:	

Emergency contact person/s

Name	Relationship	Contact number

Marital status

Single	Engaged	Married	Separated	Divorced
Spouse's full names:				
Spouse's occupation:				

Children and/or dependants

Name	Birth date	Sex (M/F)	Relationship	Live at home with you



TARYN NUNN
counselling services

✉ info@tarynnuncounselling.co.za

☎ +27 68 035 4110

🌐 www.tarynnuncounselling.co.za

Section B – Counselling History

Who is coming for the consultation:		
Any previous history of counselling	Yes	No
If yes, when?	With whom?	
For what reason?		
Name of professional:	Contact number:	
Permission to contact if needed?	Yes	No

Section C – Medical Information

GP name:	Contact number:	
Are you presently taking any chronic medication?	Yes	No
If yes, please provide full details:		
Are you presently taking any supplements, natural or traditional medication?	Yes	No
If yes, please provide full details:		

Section D – Current Situation *(Please fill out the following in as much detail as possible)*

State the nature of the problem in your own words:

What are your most difficult relationships right now?



TARYN NUNN
counselling services

✉ info@tarynnuncounselling.co.za

☎ +27 68 035 4110

🌐 www.tarynnuncounselling.co.za

What are your most difficult emotions right now?

Who were you referred by?

Section E - Common problem/symptom checklist

(Fill in: 0 – none, 1 – mild, 2 moderate, 3 – severe)

	Marriage		Pre-marital		Child custody
	Divorce/separation		Being single		Disability
	Alcohol/drugs		Other addictions		Co-dependency
	Grief/loss		Sexual issues		Intimacy
	Abortion		Miscarriage		Infertility
	Past hurts		Church		Children
	Family		Ministry		In-laws
	School/learning		Spiritual		Parents
	Fear		Weight control/change		Communication
	Low self-esteem		Work/career		Conflict
	Mood swings		Money/budgeting		Loneliness
	Anger		Employment		Aging/dependency
	Stress management		Crisis		Friends
	Fatigue		Sadness		Uncertainty
	Impulsiveness		Violent behaviour		Hopelessness
	Sleeping difficulties		Nightmares		Disorganized thoughts
	Irritability		Loneliness/isolation		Easily distracted
	Body image concerns		Peer pressure		



TARYN NUNN
counselling services

✉ info@tarynnuncounselling.co.za

☎ +27 68 035 4110

🌐 www.tarynnuncounselling.co.za

Are there any special circumstances related to your birth or about your childhood that you would like the counsellor to be aware of? (Traumatic birth, NICU, adoption, separation, divorce, etc.)

Is there anything else you would like to add that is not listed above?

Section F – Acknowledgment, consent and declarations

By your signature below, you as the client acknowledges that you have read and understood this consent form and that any questions you had about this consent form were answered to your satisfaction. This form is in effect until _____ (date) or until 24 months after the consent was given. Consent can be revoked at any time.

I, _____ (name and surname) declare that I am of legal age to undergo counselling and am here of my own accord to be counselled by Taryn Nunn of Taryn Nunn Counselling Services. I confirm that I have completed this form truthfully to ensure the best possible outcome for our counselling relationship.

Client name	ID
Signature	Date

Thank you for taking the time to fill out this document.



TARYN NUNN
counselling services

✉ info@tarynnuncounselling.co.za

☎ +27 68 035 4110

🌐 www.tarynnuncounselling.co.za

Disclaimer: Please be advised that I am not a Psychologist, Psychiatrist, or Registered Counsellor under the HPCSA. I am a Specialist Wellness Counsellor registered with the ASCHP and Council for Counsellors of South Africa. My services as a Specialist Wellness Counsellor encompass counselling, providing support, guidance, skills training, and psychoeducation to assist clients in managing their life situations. It's important to note that I do not make any diagnosis. Should any concerns arise that falls outside my scope of practice, I will refer clients to relevant professionals or organizations who can offer the appropriate assistance.

Specialist Wellness Counsellor
BA Psychological Counselling | BA Honours Psychology
ASCHP (SWC24/6092) | C4CSA (CO30314)