Ghita therapy

Ghita Andersen: Counselling, NLP & Family Mediation – **Client Intake Form**

Please complete all the information relevant to you. Today's Date ____/____/____

Name _____ Age _____

Address _____

_____

Phone _____

Email _____

Emergency Contact / Spouses Name & Ph:_____

GP's Name _____

How did you hear about Ghita Therapy?

☐ Google Ads	☐ Friend
☐ Google Search or Maps	☐ Doctor Referral

Have you ever tried Counselling, Psychotherapy, Mediation or Couples Therapy before? ( ) Yes ( ) No

If yes, did it help you? ( ) Yes ( ) No What kind of therapy?_____

What did you see them for? _____

Are you seeing anyone now?_____

What are the main problem(s) for which you are seeking help?

1._____

2._____

Is there anything important (relating to your problems) that you think your therapist should know asap?

_____

Does Ghita have your permission to try various counselling methods to heal you? For example:

Are you willing to lower your defenses to get to the heart of your problems and to express your true emotions?

( ) Yes ( ) No

Are you willing to listen, take constructive advice and commit to the work (exercises) and any counselling homework that your professional believes will help you to heal?

( ) Yes ( ) No

CLIENT HISTORY:

Occupation _____

Occupational History: Are you currently: ( ) Working ( ) Student ( ) Unemployed ( ) Disabled ( ) Retired

Current Symptoms Checklist: Please circle or tick if any of the following symptoms are present:

Depressed mood	Excessive worrying	Concentration issues	Negative thoughts Self-defeating	Panic attacks
Perfectionism/ Judgement	Yelling often	Crying spells	General not coping	Post-natal issues
Forgetting things	Risky behaviours	Compulsions	Laziness or Fatigue	Insomnia/ Sleep
Eating too much/ Eating too little	Loss of interest in normal activities	Easy to Anger	Constantly stressed / Anxious	Resentment
Avoidance of social outings	Suspiciousness/ Paranoia	Smoking	Increased Gambling	Mistrust of Friends/ Family/ Partner
Excessive Exercise	Decreased libido	Excessive libido	Money worries	Fearful of future
Feeling like victim	Feeling bullied	Feeling vulnerable	Feeling guilty	Feeling unlovable

Suicide Risk Assessment

Do you sometimes feel hopeless and/ or worthless? ( ) Yes ( ) No.

Have you ever had feelings or thoughts that you didn't want to live? ( ) Yes ( ) No.

Do you currently feel that you don't want to live? ( ) Yes ( ) No

When was the last time you had thoughts of dying? _____

Relationship History and Current Family:

Are you currently: ( ) Single ( ) Married ( ) Living Together ( ) In Relationship ( ) Divorced ( ) Widowed

How long?_____ Are you sexually active? ( ) Yes ( ) No

Couples: Describe your relationship with your spouse or partner: _____

_____

Couples: On a scale from 1 - 10 how committed are you to this relationship? 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Couples: Do you have thoughts or plans about leaving this relationship and separating? ( ) Yes ( ) No

Is there any family violence occurring? (Domestic abuse or partner violence and can take many forms: It can be physical violence or verbal abuse, or subtle and controlling – such as emotional, financial manipulation.)

( ) Yes ( ) No. If yes, what happens and how often does this occur?

_____

_____

Have you been married before? ( ) Yes ( ) No. How many times? _____

Do you have children? ( ) Yes ( ) No How many? _____

What are their names?: _____

_____

Describe your relationship with your children:

_____

_____

Personal and Family Medical History:

Sexual Orientation: ( ) straight/ heterosexual ( ) lesbian/ homosexual ( ) bisexual ( ) transsexual

What do you do to relax and unwind? _____

Do you exercise regularly? ( ) Yes ( ) No How many times a week? _____

What kind of exercise do? _____

Medications:

Have you ever taken any of the following medications?: Anti-depressants, Mood stabilisers, Anti-psychotics

Which and when?:_____

Family Psychiatric History:

Has anyone in your family (including you) been diagnosed with the following: Please circle:

Bipolar Disorder	Anxiety (GAD)	Depression (MDD, Post-Partum)	Alcoholism
Schizophrenia	Substance abuse	Post Traumatic Stress (PTSD)	Suicide Attempt

If yes, who had the problem?_____

Substance Use:

Do you have a problem with alcohol? ( ) Yes ( ) No How often do you drink alcohol? _____

Have you ever been treated for alcohol, or drug use? ( ) Yes ( ) No

Any recreational drugs/ steroids? ( ) Yes ( ) No If yes, which drugs?_____

How many caffeinated beverages do you drink a day?

Coffee _____ Soda _____ Tea _____ Energy Drinks _____

Tobacco: Current Smoker? ( ) Yes ( ) No Past Smoker? ( ) Yes ( ) No

How many packs per day on average? _____ How many years? _____

Family Background and Childhood History:

How many brothers/ sisters do you have?_____ Were you adopted? ( ) Yes ( ) No

Where did you grow up? _____

What position do you hold in the family? (Oldest, youngest) _____

Did your parents' divorce? ( ) Yes ( ) No If so, how old were you when they divorced? _____

If your parents divorced, who did you live with?_____

Father: Describe your relationship with your dad: _____

_____

_____

Mother: Describe your relationship with your mum: _____

_____

_____

How old were you when you left home? _____

Has anyone in your immediate family died? Who and when? _____

_____

Trauma History:

Have you ever been abused?: Verbally, physically, sexually or by parent neglect? ( ) Yes ( ) No.

Please describe when, where and by whom: _____

_____

PLEASE READ BEFORE SIGNING

24 HOUR CANCELLATION POLICY: Short Notice Cancellations and No Shows

Cancellation (less than 24 hours notice) and No Shows are charged at minimum ONE HOUR FEE because:

- Appointments cannot be filled at short notice. (Sickness or family problems are not exceptions)
- Standard Industry policy: Most psychologists insist on 48 hours
- Other clients may have been turned away for your time slot
- 24 Hour Policy is stated in booking SMS and stated on this contract which clients have read and signed
- Therapy fees will be deducted from prepaid amounts or billed to you via email
- Ghita Therapy does not offer refunds after clients have confirmed their 24 hour reminder: *http://www.ghitaandersen.com/cancellation-policy.html*

Confidentialty: Confidentiality is maintained for clients as far as possible. However, when a person is believed to be at risk of serious harm, or admits to harming another or planning a criminal offence, confidentiality must be waived under a duty of care (Qld Mandatory Reporting). Furthermore, I can read about my rights and data storage online at: *http://www.ghitaandersen.com/client-confidentiality.html*

I have read and agree to the 24 Hour Cancellation Policy terms and Confidentiality Clause above. I understand that as a client I have the right to be treated ethically as stipulated by professional ethical guidelines.

Signed: _____ Date _____/_____/_____