Pleroo Mentoring Coaching Counselling Services
Lethabo Nelwamondo
B A (Hons) Biblical Counselling
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CLIENT INTAKE FORM

Please provide the following information for our records. Leave blank any question you would rather not answer, or would prefer to discuss with your counsellor. Information you provide here is held to the same standards of confidentiality as our counselling.

TREATMENT HISTORY

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? No Yes

Have you had previous psychotherapy? No Yes , with (previous counsellor's name)

Are you currently taking prescribed psychiatric medication (antidepressants or others)? No Yes

If yes, please list:

Prescribed by:

HEALTH AND SOCIAL INFORMATION

Do you currently have a primary physician? No Yes

If yes, who is it?

Are you currently seeing more than one medical health specialist? No Yes

If yes, please list:

When was your last physical?

Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.:

Are you currently on medication to manage a physical health concern? If yes, please list: No Yes

Are you having any problems with your sleep habits? No Yes

If yes, check where applicable:

Sleeping too little Sleeping too much Poor quality sleep

Disturbing dreams other

How many times per week do you exercise?

Approximately how long each time?

Are you having any difficulty with appetite or eating habits? No Yes

If yes, check where applicable: Eating less Eating more

Bingeing Restricting

Have you experienced significant weight change in the last 2 months? No Yes

Do you regularly use alcohol? No Yes

In a typical month, how often do you have 4 or more drinks in a 24 hour period?

How often do you engage recreational drug use?

daily weekly monthly

rarely never

Do you smoke cigarettes or use other tobacco products? No Yes

Have you had suicidal thoughts recently?

Frequently sometimes rarely never

Have you had them in the past?

Frequently sometimes rarely never

Are you currently in a romantic relationship? No Yes

If yes, how long have you been in this relationship?

On a scale of 1-10 (10 being the highest quality), how would you rate your current relationship?

In the last year, have you experienced any significant life changes or stressors? If yes, please explain: No Yes

Have you ever experienced any of the following?

Extreme depressed mood	No	Yes
Dramatic mood swings	No	Yes
Rapid speech	No	Yes
Extreme anxiety	No	Yes
Panic attacks	No	Yes
Phobias	No	Yes
Sleep disturbances	No	Yes
Hallucinations	No	Yes
Unexplained losses of time	No	Yes
Unexplained memory lapses	No	Yes
Alcohol/substance abuse	No	Yes
Frequent body complaints	No	Yes
Eating disorder	No	Yes
Body image problems	No	Yes
Repetitive thoughts (e.g. obsessions)	No	Yes
Repetitive behaviors (e.g. frequent checking, hand washing	No	Yes
Homicidal thoughts	No	Yes

Suicidal attempts	No	Yes If Yes, when

OCCUPATIONAL INFORMATION

Are you currently employed? No Yes

If yes, who is your currently employer/position?

If yes, are you happy with your current position?

Please list any work-related stressors, if any

RELIGIOUS/SPIRITUAL INFORMATION

Do you consider yourself to be religious? No Yes

If yes, what is your faith?

FAMILY MENTAL HEALTH HISTORY

Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (Select any that apply and list family member, e.g. sibling parent, uncle, etc.)

Difficulty	**Yes / No**		**Family member**
Depression	No	Yes	
Bipolar disorder	No	Yes	
Anxiety disorder	No	Yes	
Panic attacks	No	Yes	
Schizophrenia	No	Yes	
Alcohol/substance abuse	No	Yes	
Eating disorders	No	Yes	
Learning disabilities	No	Yes	
Trauma history	No	Yes	
Suicide attempts	No	Yes	
Chronic illness	No	Yes	
	No	Yes	

OTHER INFORMATION

What do you consider to be your strengths?

What do you like most about yourself?

What are effective coping strategies that you have learned?

What are your goals for counselling?

Thank you for taking time to fill the form. Information provided here is held to the same standards of confidentiality as our Counselling.