



Client Intake Form

Please take your time when answering the questions that follow. Feel free to attach additional pages or complete the form individually if necessary. NOTE: The information you provide here is protected as confidential information.

Personal Information

Person 1

First Name  Last Name

Preferred Name  Gender

Date of Birth  Phone

Email

Address

Please select which contact details we can leave a message

Phone  Email  Both  None

Please tick ALL that apply to you

Aboriginal/Torres Strait Islander  Non-english speaking background  
 From isolated/rural area  LGBTQI+  
 Person with a disability

- these are Equity Charters which help with the evaluation of our service delivery

Emergency Contact

First Name  Last Name

Phone  Relationship

- Please note: By providing this information you are giving consent to Sticks n' Stones Therapeutic Services to make contact with this person in the event of no contact with you and/or in an emergency

## Person 2

First Name

Last Name

Preferred Name

Gender

Date of Birth

Phone

Email

Address

### Please select which contact details we can leave a message

- Phone  Email  Both  None

### Please tick ALL that apply to you

- Aboriginal/Torres Strait Islander  Non-english speaking background  
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## Emergency Contact

First Name

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Phone

Relationship

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## Who is the primary contact for this application?

- Person 1  Both  
 Person 2  Please contact us separately

## Are both of you willing to engage in this service?

- Yes  Person 1 is & Person 2 is not  
 Person 2 is & Person 1 is not  We are both unsure

## Relationship Information

**Is anyone concerned about your safety as a couple?**

Yes

No

Unsure

Please list any children (Names, Age, Gender, Relationship with Person 1 & Person 2)

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How long have you and your partner been together? In what form? (i.e., dating, living together, married, children)

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What is the problem that led you to decide to come to therapy?

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What significant stressful events have you experienced in your relationship recently?

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Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what substances are used?

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Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what substances are used?

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Has anyone in the family ever struck, physically restrained, used violence against or injured any other person within the family? (If yes, please explain)

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Have either of you considered separating or divorce as a result of the current relationship problems? If so, when?

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List some strengths in your relationship

**Person 1**

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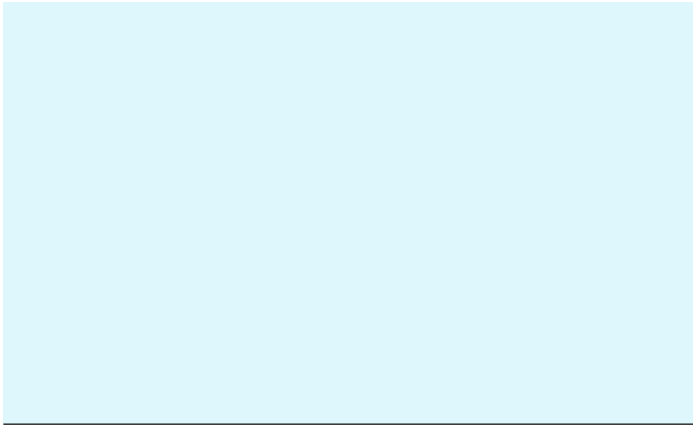
**Person 2**

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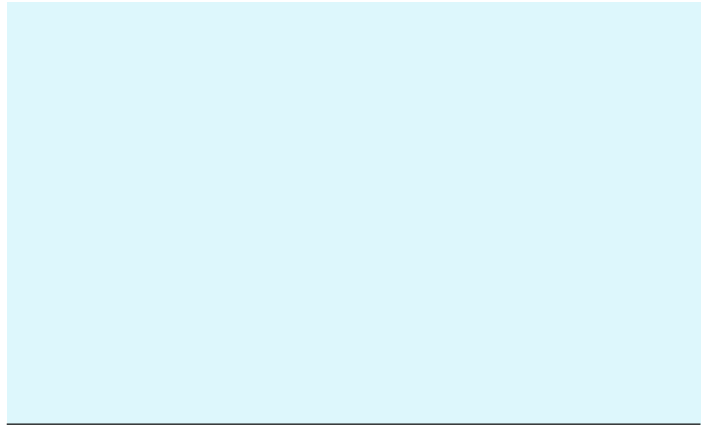
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List some weaknesses in your relationship

**Person 1**

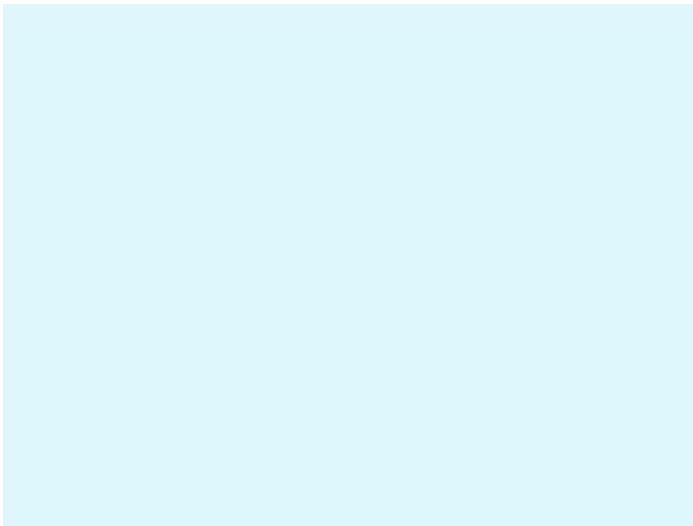


**Person 2**

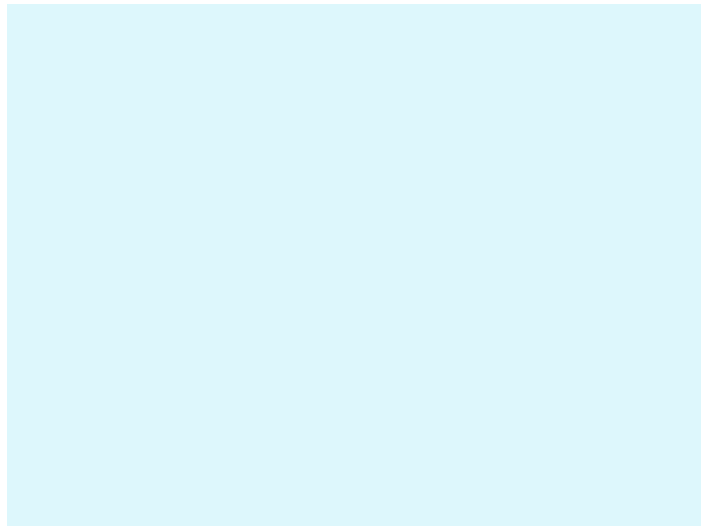


What would you like to accomplish out of your time in couples therapy?  
(i.e. what would be different in your relationship)

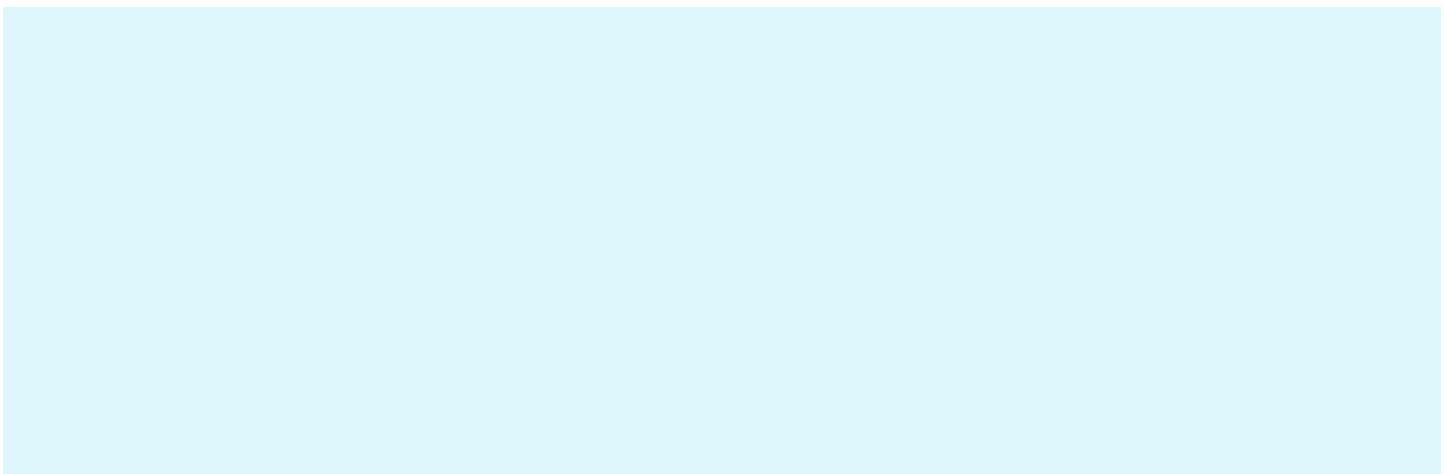
**Person 1**



**Person 2**

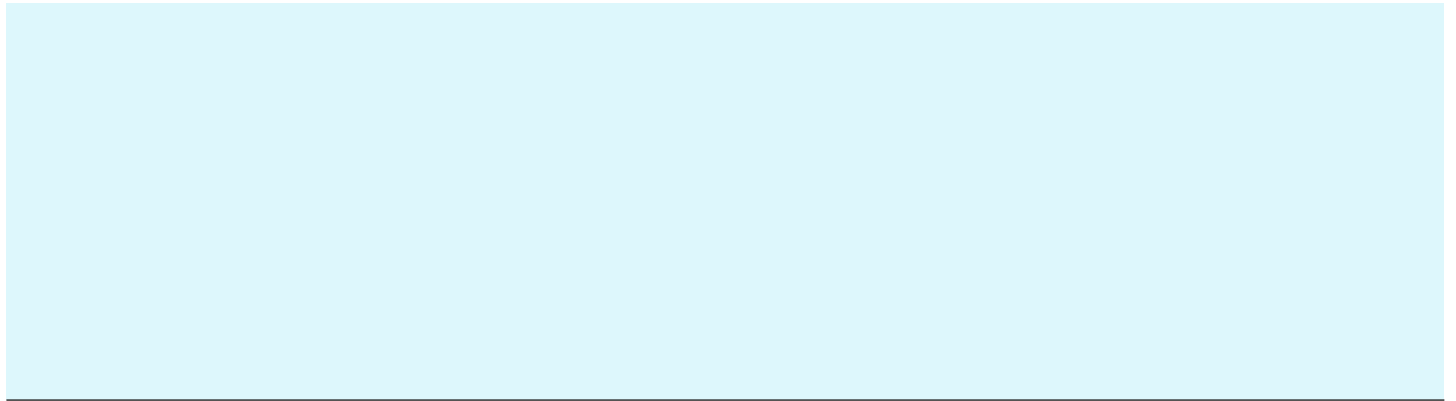


What have you already done to deal with the difficulties and how successful was it? (e.g. previous counselling for 2 months last year, not that successful)



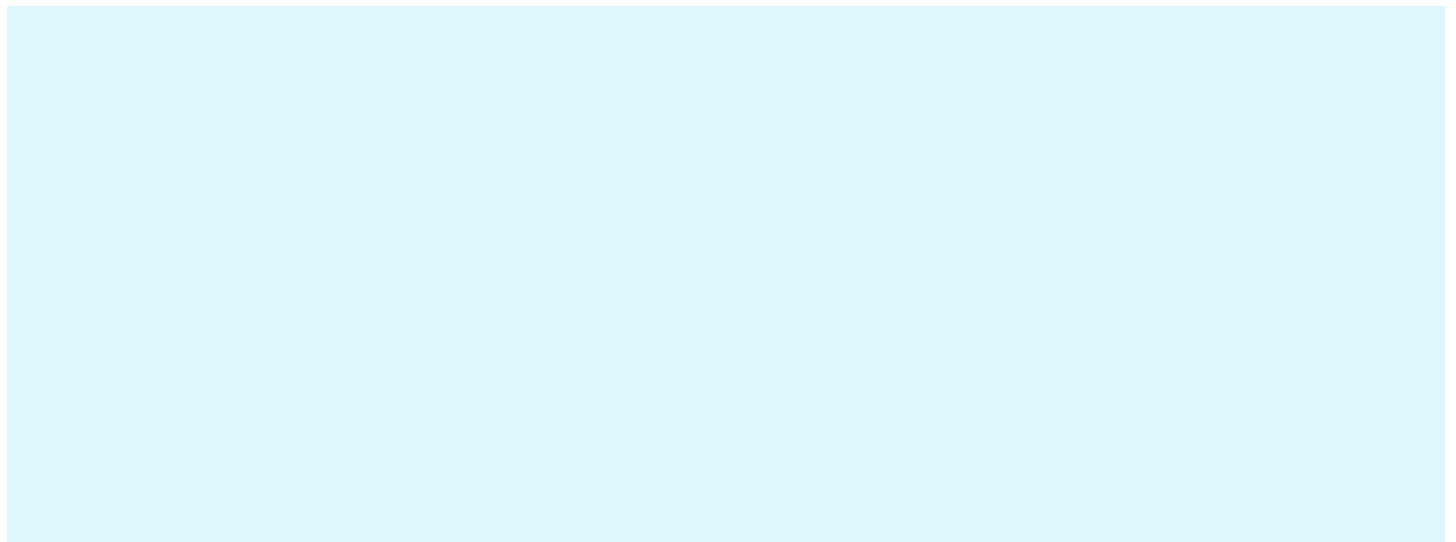
Have either you or your partner been in individual counselling before? If so, give a brief summary of concerns that you addressed.

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Please provide any other information that you believe is important (e.g. overall stress levels, work issues, housing issues, other family problems, intimacy issues, mental health difficulties etc)

**Person 1**



**Person 2**

