|  |  |  |  |
| --- | --- | --- | --- |
| **Client #** |  | **Date of Birth** |  **/ /** |
| **Name** |  |
| **Address** |  |
| **Mobile #** |  | **Other (Home / Work)** |  |
| **Email Address** |  |
| **Next of Kin** |  | **Contact #** |  |
| **Relationship** |  | **Confidentiality Clause Signed?** | (office use only)**Yes / No** |

**✂ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** (Cut here and file separately)

|  |  |  |  |
| --- | --- | --- | --- |
| **Client #** |  | **Age** |  |
| **Name** |  | **Identify as** | M / F / L / G / B / T |
| **Confidentiality** | *“I need to inform you that everything that you say here is completely confidential unless of course I think you are going to be a danger to yourself or someone else. Is that OK with you?”*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent to the terms of confidentiality outlined above. |
| **Client Signature** |  Date: / / |
|  |
| **Reason for seeking counselling** |  |
| **When did you and your partner meet?** | Date Met:# of Years Together | **Marital Status** | * Single
* De Facto
* Married
* Divorced
* Separated
 |
| **Marriage Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Country of Birth** |  | **Years in Australia** |  |
| **Occupation** |  |
| **Living situation** | 🞎 Self 🞎 Partner 🞎 Children 🞎 Parents 🞎 Shared House 🞎 Other |
| **Do you have children of your own?** | How many children (including *deceased, terminated, miscarried* etc):Names and Ages of each child: |
| **Family of Origin: Number of Children** |  | **Position in Family:** e.g. 1 for first born |
|  **Who is on your TREATMENT TEAM e.g. GP, psychologist, psychiatrist, acupuncturist etc** |
|  | Name and Contact Number: | Name and Contact Number: |
| **Medication Yes / No** | Type and dosage: | Type and dosage: |
| **Health Concerns** | * Chronic Pain
* Digestive Issues
* Diagnoses e.g. Fibromyalgia; Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Asthma
* Injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Recreational drug intake**  |  | **Recommended by:**🞎 Referral / LECNA ER 🞎 Walk-in🞎 Google Ad / Search 🞎 WoMouth🞎 Email 🞎 Website🞎 Flyer / Mail drop 🞎 Other |
| **Anything else I should know?** | Anything that you would like me to be aware of that will affect our time together in sessioni.e. addictions, mental health issue e.g. anxiety, depression, disorders (bipolar etc), polyamory, sexual abuse, domestic violence – previous relationships etc |
| **Sleep** | Able to sleep 6-8 hours per night? Y/N Difficulty getting to sleep? Y/N Difficulty staying asleep? Y/N |
| **Newsletter** | Would you like to receive our infrequent newsletter – contains tips, tricks and techniques around Relationships, and Mental Health. Y/N |

Please draw your family tree here:

FAMILY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Father**

Age:

Alive: Y/N

Age:

**Your Mother**

Alive: Y/N

Cause of Death:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**

* Together
* Divorced
* One Partner Deceased

**Repartnered:** Y/N
FA: Defacto/remarried?
MO: Defacto/remarried?

Cause of Death:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Siblings (Brothers, Sisters, Half siblings etc) Alive or dead, terminated or miscarried etc**

Please indicate using *square* for males, and *circles* for females, the names, ages and birth order of your siblings of your own biological family, in the space below.

# Presenting Issues

|  |  |  |
| --- | --- | --- |
| **Issues** | * Addictions
 |  |
| * Abuse (Physical or Emotional or Sexual – please circle)
 |  |
| * Affairs & Infidelity (Physical)
 |  |
| * Alone Together
 |  |
| * Jealousy & Betrayal – Real/Perceived or Virtual (please circle)
 |  |
| * In-laws
 |  |
| * Intimacy Issues
 |  |
| * Lack of Boundaries
 |  |
| * Mental Illness
 |  |
| * Negative Communication
 |  |
| * Not Attracted to Partner
 |  |
| * Parenting Styles don’t match up
 |  |
| * Regrettable Incidents
 |  |
| * Staying Together for the Kids
 |  |
| * Trust Issues
 |  |
| * Unmet Emotional Needs
 |  |
| * Unsolvable Problems
 |  |
| * You are not on your partner’s side
 |  |
|  | * Mid-life Crisis
 |  |
|  | * Virtual betrayal (online, chatrooms, social media)
 |  |

# Basic Timeline



INSTRUCTIONSEXAMPLE

1. Brainstorm a basic list of memories from your couple life that sticks out e.g. Met, Committed, Married, Moved in, Divorced, Remarried etc
2. These events might be *big* (met my first romantic love) or *small* (got my first dog).
3. They might be positive (when you got your first A in school) or negative (when your something you really loved died e.g. a goldfish, dog).
4. Take these events and create a *Life Graph* use a dot to indicate on the graph what age this occurred at, and whether it was a positive or negative experience for you. Label the dot.
5. Each notch on the horizontal timeline represents 5 years in chronological order. If you like, include a symbol or a graphic, if you like drawing.