

## Client Intake Form

Date: \_\_\_\_\_

Please hand to Counsellor or email: [reception@yafa.com.au](mailto:reception@yafa.com.au)

**Clients Name** \_\_\_\_\_ **Surname** \_\_\_\_\_ **Sex** \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Counselling \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Medical Conditions/Allergies (that Yafa needs to be aware of) \_\_\_\_\_

\_\_\_\_\_

### Details of family members who will be seeing or may see the counsellor:

**Parent's/Partner's Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

Mobile \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child 1 Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mobile (if different) \_\_\_\_\_

**Child 2 Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mobile (if different) \_\_\_\_\_

**Client Intake Form (cont'd)**

**Do you identify with being of Aboriginal or Torres Strait Islander descent?** YES / NO

**Are you from a culturally and/or linguistically diverse background?** YES / NO

If yes, please provide detail ie: language, religion, culture, country of birth or descent?

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**Is English your first language?** YES / NO

Are you or the client: (please circle)

A Family Unit      Child over 11      Individual Parent      Guardian/Grandparent  
Couple      Expecting Mother      Special Needs Child      Other \_\_\_\_\_

**Has there been Child Safety Department involvement?** YES / NO

If Yes, please provide brief details (including current involvement) \_\_\_\_\_

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Please complete if NDIS or Home Care Package Client:

I agree to cover out of pocket expenses if my care provider has insufficient funds: YES / NO

**Would you like to receive SMS reminders for appointments?** YES / NO

To Be Completed if Agency Referral:

Referring Agency Name \_\_\_\_\_

Person's name \_\_\_\_\_ Date Referred \_\_\_\_\_

Please provide a brief outline of the case: (please attach extra page if more space required)

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