**NNC Counselling Intake Form**

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| --- | --- |
| Date |  |
| Name |  |
| Date of Birth |  |
| Address |  |
| Best Contact |  |
| Email |  |
| Emergency Contact: |  |
| What are your goals for counselling? |  |
| Have you seen a counsellor or psychologist in the past? |  |
| Do you have a diagnosed mental health condition? - If so please specify: |  |
| Are you taking any prescribed medication for mental health? If so please specify: |  |
| Do you have a regular GP? If so please list their name and suburb: |  |
| What is your main source of income? |  |
| What types of issues are you seeking counselling for? |  |