



INTAKE QUESTIONNAIRE

DATE:.....

Dear Client

Please complete as much of this as you feel comfortable doing and submit one form per person at least 24 hours prior to your appointment.

Personal details:

Name:

Pronouns:

Date of birth:

Gender:

Sexual orientation:

Relationship/marital status:

Occupation:

Phone number:

Email address:

Home address:

Any children or dependents:

Do they live with you:

Religion or faith:

Emergency contact name and phone number: ..

Physical and mental health:

Have you or are you receiving any mental health support (psychotherapy, counselling, psychiatric services etc):

If yes, please explain:

Current medication and dose:



admin@jkltherapycentre.com



74 Castlebar Road - Ealing,
London W5 2DD



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Neurodiversity (ADHD, Autism, OCD etc):

Current physical fitness:

Alcohol consumption:

Recreational drug use:

Current health problems:

Current mental health problems:

Obesity:

Self-harm:

Domestic violence or abuse:

Disordered eating:

Suicide attempts:

Recent life changes or stressful events:

Reason for seeing a therapist now:

Biggest fears about your situation:

Hopes about your situation:

Aims for therapy:

Ideal outcome:

Thank you very much for sharing and trusting me with this intimate and personal information.



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