



Confidential Client Information

LAST Name: _____ FIRST Name: _____

Preferred Name: _____ Date of Birth: _____

Gender Identity: Male Female Other _____

Mobile phone: _____

Email: _____

Address: _____

City/Suburb: _____ State: _____ Post code: _____

Occupation: _____

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Relationship Status:

Single Married Widowed Divorced Separated De Facto

How long in present status? _____

Spouse / Partner's name: _____

Children: Yes No If yes, what are their name(s) and age(s):

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Emergency contact person: _____

Phone: _____ Relationship: _____



KATARTIZO
Counselling

Have you received counselling before? Yes No

If yes, approximately how long ago? _____

Did you find it helpful? _____

Why are you seeking counselling now? _____

How did you hear about Katartizo? _____

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Any current or recent medical treatment? _____

Have you ever received treatment for psychological or emotional health? _____

Have you ever received treatment for addictions? _____

Are you taking any medication? _____

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Do you have any spiritual or religious affiliation and/or practices? Yes No

Details: _____

Do you want your spirituality to be discussed as part of counselling? Yes No

Signature: _____ **Date:** _____