

CONFIDENTIAL

Dare To Dream Emotional Fitness Counselling Client Intake and Assessment Form

Please complete sections 1 – 6 inclusive*. Thank you.

Date: _____	Case Number # _____	Client Name: _____
1. Client's <u>G</u> oals for Counselling: What do you need help with?		
2. Client's <u>A</u> cademic <u>G</u> oals: What outcome(s) do you want to achieve?		
3. Client's <u>M</u> ajor <u>P</u> resenting <u>I</u> ssue / <u>P</u> roblem: What is it preventing you from achieving?		
4. Client's <u>P</u> resenting <u>S</u> ymptoms: What comes with this problem?		
5. <u>H</u> istory, <u>O</u> nset & <u>D</u> evelopment of Client's presenting issue(s) / symptoms / "bad solutions" (Taibbi, 2017) / "Core Pain" (Lemma, 2015): When did this first start? Who else is involved? (i.e. Parents, partner, friends, family, etc.) "Psychic Cost", e.g. Limitations in functioning; Distortions in perception of self/others (Lemma, 2015).		
6. <u>E</u> xtent of problem/issue(s)/symptoms: How long has this been going on? (Frequency, specifics of "bad solution"/habit) Have you tried to stop before? Have you seen other counsellors? Do you have other support? (i.e. Friends, family, professional?).		
7. Client's <u>P</u> resentation: (Appearance, speech, mannerisms, engagement).		
8. Client's <u>M</u> ental/ <u>E</u> motional/ <u>P</u> hysical state (Monitor at start / during / end of session): Include possible affect of drugs and alcohol.		
9. <u>C</u> ounsellor's observations and assessment of client / client formulation / treatment plan: Defences, Anxieties, Hidden Feelings/ (impulses) / Transferences (Malan, 1995).		
10. <u>C</u> ounsellor <u>I</u> nterventions: (e.g. ACT: Compassionate self (Supervisory feedback, 2019); Defusion (Harris, 2007), metaphors, other).		
11. <u>S</u> uicide risk / <u>S</u> afety <u>P</u> lan required (Y/N):		

CONFIDENTIAL

Dare To Dream Emotional Fitness Counselling
Client Intake and Assessment Form

Please complete sections 1 – 6 inclusive. Thank you.*

<p>12. Process notes: (e.g. Referrals onto specialist agencies, need to seek additional family support, relevant and helpful books, articles, suggestions for homework (exercises or experiments to try out and practice), any personal risk assessment needed, any specific forms /consideration requested, any matters for referral to supervision).</p>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**Please use this space for any additional notes and sign and date below (Thank you):*

Name (Printed):

Signature:

Date:
