

COUNSELLING ~ INITIAL CONTACT FORM

Full Name:

Address:

Post Code

Phone: H

M

W

Email:

Date of Birth:

Occupation/s:

Emergency contact name:

phone number:

Email:

Referred By:

Reasons for Counselling

Previous medical history:

1) Do you have a significant medical or injury history, including allergies?

Yes no

2) Do you take medication?

Yes no

Please list *all* medication:

3) Do you have a history of mental health or disability needs?

Yes no

4) Risk of harm screening. *If these challenges apply to you, please check the boxes below: If not go to question (5)*

a) You have experienced suicidal thoughts, feelings or plans in the last two weeks.

Yes no

b) You have a history of self-harm.

Yes no

c) You are currently experiencing thoughts, feelings or plans to self-harm.

Yes no

d) You have been diagnosed with a clinical mental illness.

Yes no

Please record a diagnosis if you checked yes.

5) *If applicable, please give the name & contact details for:*

- Current GP:

- Current psychiatrists or allied health supports if applicable:

- Current helpful family supports if applicable:

- Current social supports if applicable:

Payment policy.

Full Payment is required on invoice receipt, typically issued via email the day after your appointment, including those with GP mental health care plans. Further appointments will not be confirmed until the payment is processed. Please see www.likementalhealth.com.au for payment and cancellation policies.

Direct deposit is our preferred payment method and bank details are included on the invoice.

GP MHCP may be emailed in advance of your appointment. However, a hard copy of the signed GP MHCP must be received at the time of the first appointment. All mental health care plans must be addressed to:

Bronwyn Morris
Mental health Social Worker
Full practice address.

Open Arms, WorkCover and private fee clients (credit card included) are accepted. NDIS self-managed and DVA clients are accepted by arrangement.

I agree to receive treatment from Bronwyn Morris.

Name:

Signed:

Date:

Please note that Like Mental Health has a privacy policy.
Information will not be shared without client consent other than legal obligations.