



Transformative Place Counselling Service

COUNSELLING BACKGROUND FORM

Name: _____ Age: _____ D.O.B: _____ Gender: F ☐ / M ☐ / Other

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Emergency contact: Name: _____ Phone: _____

*Please inform your emergency contact that they may be contacted if there is reasonable concern for your or another's health or safety or I require to contact emergency services on your behalf during an appointment.

Medical History (Please be precise, to ensure your counsellor has all relevant history in case of emergency)

Do you currently see a psychologist or psychiatrist: Y ☐, N ☐

Have you any mental health or disorders diagnosed or family history of mental illness? Please list:

Please list any medications you are taking, including why you are taking them:

Ever been hospitalised for mental health: Yes: _____ No: _____

Please describe: _____

Family History

Country of birth: _____

If country of birth is different to current residence, what age did you migrate? _____

Cultural identity: _____ Indigenous or Torres Strait Islander: Y ☐ / N ☐

Sexual Identity: Heterosexual ☐, LGBTIQ+ ☐, ☐ Other

Spiritual/religious belief: _____ Is this important to you: Y ☐ / N ☐

Family Background:

Mother: _____ Living ☐ / Deceased ☐ Date of death: _____

Cultural/Religious belief: _____ Is this important to them: Y ☐, N ☐, Unknown ☐

Father: _____ Living ☐ / Deceased ☐ Date of death: _____

Cultural/Religious belief: _____ Is this important to them: Y ☐, N ☐, Unknown ☐

Any siblings (please list names and ages): _____

Current relationship status: _____ Any previous relationships: _____

If in a relationship, partner's name: _____

Do you have children? Yes: _____ No: _____ If yes, please list names and ages:

Please write in the space below what brings you to counselling and the main goal you want to address: