Intake form

Thank you for choosing Recovery North East to seek support. We value and prioritise creating an inclusive and safe environment for all individuals. To better serve you, please provide us with the following information.

PERSONAL DETAILS	
Family name:	Date of birth:
First Name/preferred name(s):	Preferred pro-noun (she/he/they):
Email address:	Mobile phone:
Home address and post code:	Preferred contact method:
Gender identification:	
☐ Male ☐ Female ☐ Other (please specify):	
Identification as LGBTIQA+:	
☐ No ☐ Yes ☐ Prefer not to say ☐ Other (please specify):	
Person with a disability:	
☐ No ☐ Yes Details:	
Country of birth:	Cultural background:
Identifies as:	
☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither	

LIVING SITUATION
With whom are you now living? Please list names, ages and relationship:
Employment status:

MEDICAL AND MENTAL HEALTH INFORMATION	
Please list any physical health issues that you consider relevant to our working together:	
Please list any diagnosed mental health conditions:	
Do you consider these diagnosed health conditions to be accurate?	
Do you have any accessibility requirements or preferences?	
If you have a GP, please provide their name:	The name of their medical clinic:
Their contact details:	
Emergency Contact(s): Please provide name(s), contact details and relationship to you	

RECOVERY NORTH EAST

ENGAGING IN THERAPY			
Have you previously consulted with (Tick what applies):			
☐ *a counsellor*	☐ *a psychologist*	☐ *a psychiatrist*	☐ *Other (please specify):*
What was helpful or unhelpful during those consultations?			
Do you have concerns about (Tick all that apply):			
☐ *Tobacco or nicotine*	☐ *Alcohol*	☐ *Cannabis*	☐ *Cocaine*
☐ *Amphetamine type stimulants*	☐ *Inhalants*	☐ *Sedatives or sleeping pills*	☐ *Hallucinogens*
☐ *Opioids*	☐ *Other substance use:*		
☐ *Gambling*	☐ *Gaming*	☐ *Other behavioural addiction:*	
What prompted you to make this appointment?			
What do I need to know about you to best support you?			
If not you, please advise the name and contact details of the person or organisation responsible for payment:			
Signed:		Date:	

Thank you for completing this form. Please be assured that your privacy with regard to the use and storage of this information will be respected in line with our Privacy Policy and the Australian Privacy Principles stated in the Privacy Act 1988 (Cth).