EMBER & OAK
THERAPY
BY AMY INGLIS

Welcome

Thank you for completing this questionnaire.

This form helps me get to know you before our first appointment, so we can spend more time focusing on what matters most to you.

Please answer as much as you feel comfortable with. If there are any questions you'd prefer not to answer, simply leave them blank—we can always discuss them together during our sessions.

Everything you share is treated confidentially in accordance with the privacy information provided in your Welcome Pack.

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Personal details

Personal details

Full Name

Preferred Name

Date of Birth

Pronouns
□ She/Her
□ He/Him
□ They/Them
□ Other: _____

Mobile

Email

Home Address

Medicare Number

Reference Number

Expiry

DVA Number (if applicable)

Occupation / School / Study

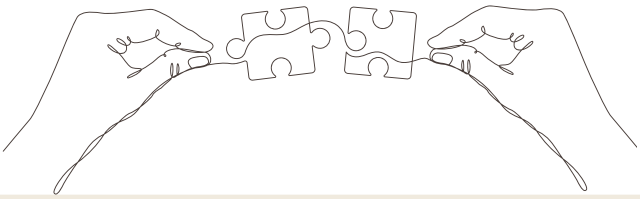
Emergency Contact

Name

Relationship

Phone Number

Does this person know they are your emergency contact?
□ Yes □ No



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Your wellbeing

What brings you to therapy?

What prompted you to seek support at this time?

How long have these concerns been affecting you?
- ◻ Less than 1 month
- ◻ 1–6 months
- ◻ 6–12 months
- ◻ More than 1 year
- ◻ Several years

What are you hoping therapy will help you with?

What would you like support with?

- ◻ Anxiety
- ◻ Stress
- ◻ Depression
- ◻ Trauma
- ◻ Grief & Loss
- ◻ Self-esteem
- ◻ Relationships
- ◻ Emotion regulation
- ◻ School or study
- ◻ Work
- ◻ Parenting
- ◻ ADHD concerns
- ◻ Autism concerns
- ◻ Life transitions
- ◻ Burnout
- ◻ Other:

What are some things that are important to you?

- ◻ Family
- ◻ Friends
- ◻ Pets
- ◻ Creativity
- ◻ Learning
- ◻ Nature
- ◻ Faith/Spirituality
- ◻ Helping others
- ◻ Sport
- ◻ Music
- ◻ Other _____

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Health and History

Health Information
General Practitioner (GP) & Clinic

Current Medications

Do you have any medical conditions you think I should know about?

Previous Mental Health Support
Have you previously received counselling or therapy?
□ Yes
□ No
If yes, was there anything you found particularly helpful—or unhelpful—in previous therapy?

Have you ever had any significant mental health treatment (for example, hospital admission, crisis team support or intensive outpatient treatment)?
□ Yes
□ No

Have you previously worked with:
□ Psychologist
□ Social Worker
□ Psychiatrist
□ Occupational Therapist
□ Mental Health Nurse
□ Counsellor

Sleep
Overall, how would you describe your sleep?
□ Very good
□ Good
□ Fair
□ Poor
□ Very poor

Current Supports
Who are the people you can rely on for support?

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Goals

Therapy Goals

Imagine therapy has been really helpful. What would be different in your life?
What are the three most important things you'd like to achieve through therapy?

1.
2.
3.

Is there anything you're worried or nervous about when it comes to starting therapy?

Preferences for therapy

What helps you feel comfortable in therapy?

□ Taking things slowly
□ Having practical strategies
□ Learning about mental health
□ Being challenged respectfully
□ Having clear goals to work towards
□ Having time to think before answering
□ Using creative activities
□ I'm not sure yet

Is there anything that would help you feel safe or comfortable during sessions?

How did you hear about Ember & Oak Therapy?

□ GP
□ Another health professional
□ School
□ Family/Friend
□ Facebook
□ Instagram
□ Google
□ Website
□ Other:

Anything Else?

Is there anything you'd like me to know before we meet?