

Confidential
Counselling Services - Initial Contact Sheet

Name _____ File No. _____

Address _____

Mobile: _____ New Client Returning Client

Home: _____ Is contact by phone acceptable? Yes/No

Date and Time of Contact: _____

Individual/Couple/Family _____

GP _____

Date of Birth: _____

Source of referral: How did you hear about the service?

Additional Information: _____

Information taken by: Signed: _____ Date: _____

Actions (Please Initial):

Intake Appointment Scheduled:

Intake Date and Counsellor: _____

Details set up on AACI

File Made up:

Initial Contact History:

| Date | Details | Signed |
|------|---------|--------|
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