Psychotherapy Intake Form

Amaris Raiana Therapy

Please complete as much of the following as you feel comfortable. All information is confidential and stored in compliance with UK GDPR. You can type directly into this PDF and email it back — no printing or scanning required.

Personal Information

Name:

Date of Birth (DD/MM/YYYY):

Preferred Name:

Pronouns:

Address:

Postcode:

Telephone Number:

Email Address:

GP Name and Surgery:

Emergency Contact Name and Number:

Relationship to Emergency Contact:

Referral Information

How did you hear about this service?

Have you previously received counselling/therapy? ☐ Yes ☐ No

If yes, please give brief details:

Presenting Issues

What brings you to therapy at this time? (Brief description)

How long have these concerns been present?

What impact are these concerns having on your daily life?

Mental Health History

Have you experienced mental health issues previously? ☐ Yes ☐ No

If yes, please provide details (diagnoses, treatments, hospitalisations):

Have you ever had thoughts of self-harm or suicide? ☐ Yes ☐ No

If yes, are these thoughts current? ☐ Yes ☐ No

Details (self-harm/suicide):

Any safeguarding concerns (e.g. for children or vulnerable adults)?

Physical Health

Do you have any medical conditions or physical health issues? ☐ Yes ☐ No

If yes, please give details:

Are you taking any medication? ☐ Yes ☐ No

If yes, please specify:

Do you have any allergies?

Substance Use

Do you smoke? ☐ Yes ☐ No

How much?

Do you consume alcohol? ☐ Yes ☐ No

How frequently?

Do you use recreational drugs? ☐ Yes ☐ No

If yes, please give details:

Family and Social History

Relationship status:

Children/dependents (ages and relationships):

Significant life events (bereavements, trauma, relocation, etc.):

Support network (family, friends, community, religious groups):

Employment/Occupation:

Education history:

Cultural or religious factors relevant to your care:

Current Functioning

How are you coping day-to-day?

Are you experiencing issues with sleep, appetite, concentration, or energy?

What helps you feel better when you are distressed?

Therapeutic Goals and Expectations

What do you hope to achieve from therapy?

Have you any concerns or questions about therapy?

How will you know if therapy is helping?

Consent & Policies

- I understand the information shared is confidential except in circumstances where there is risk of harm to myself or others, or where legally required.
- I consent to the storage of my records in accordance with UK GDPR.
- I am aware of the complaints procedure and my right to withdraw consent at any time.

Client signature (type your full name):

Date:

The section below is completed by the therapist after your form is received.

Practitioner Notes and Risk Assessment (therapist use only)

Observations:

Initial risk assessment (self-harm/suicide/safeguarding):

Summary of presenting issues:

Agreed actions and next steps:

Therapist signature:

Date: