

Issues and Background

Thank you for taking the time to complete this form. Providing this information now will save you money from having to spend time in your first appointment(s) providing this information. Please answer to the best of your ability and provide as much detail as you are able.

Important Notes for Completing this Form

- 1. This form is a fillable PDF document. Use the 'Save As' function:**
 - To ensure we accurately record your details, use the 'Save As' function until you complete the form and the 'Save' function when finished.
 - DO NOT use the 'Export to PDF' or 'Print to PDF' function. You will no longer be able to edit the form and it will be harder to retrieve the information you have entered.
- 2. If you are unable to type into the form, you may print the form and handwrite your responses. Then, scan the form and send via email, or send via fax or post.**
- 3. If you require more space for any response use answer 42:**
 - Use answer 42 at the end of the form to provide additional information.
 - Indicate the relevant question that requires additional information, for example: 'Continued from Question 4'.
- 4. If you require more space than answer 42 provides:**
 - Write or type on a separate piece of paper or document and send along with this form, including your name and indicating the relevant question(s) on that piece of paper or document.
- 5. Begin filling the form on the next page.**

Please continue to the next page

1) Name:

Date: / /

2) What is your reason for seeking treatment at this time?

(characters)

3) Current life stresses (please include anything that is currently stressful for you such as school, work, finances, relationships, etc.):

(characters)

4) Please describe your sleep habits, or any issues with sleep:

(characters)

Please continue to the next page

5) Is there a subject or activity in which you will be totally absorbed to the exclusion of everything else?

(characters)

6) Medicines you are currently taking, including prescription, non-prescription and naturopathic:

Name of Medicine	Dose	Frequency (How often)	Additional Comments

7) Current or past psychiatric illnesses (please include contact with other professionals, medications, types of treatment, etc.):

(characters)

8) Please list any current or previous medical or surgical problems:

(characters)

Please continue to the next page

9) Please indicate family members who have been diagnosed with psychological/psychiatric illnesses, including name, relationship and the diagnosis or brief description of the illness:

Name	Relationship	Diagnosis or Description of Illness

10) Suicidal thoughts, plans or actions: are you presently feeling like life is not worth living? Have you ever felt this in the past? Have you made any attempts on your own life?

(characters)

11) Did you or do you use drugs, illicit substance, or misuse/d prescription medicines (If yes, please provide details on past and current use):

(characters)

12) Do you drink alcohol, smoke cigarettes or use tobacco, or take any stimulant drinks, tea or coffee? (If yes, please provide type and amount):

(characters)

13) Did you or do you participate in any gambling or high-risk activities? (If yes, please provide details on past and current behaviours):

(characters)

14) Are you an Aboriginal or Torres Strait Islander?

Yes ☐ No ☐

Please continue to the next page

15) Please describe your cultural/ethnic/religious background:

(characters)

16) Are you currently employed?

If yes, please describe the nature of employment (e.g. – type of work, your position, duties, how long you have been working there, etc.):

(characters)

17) Are you currently a student?

If yes, please describe your courses, etc. in detail:

(characters)

18) Are you currently receiving any benefits?

If yes, please describe any Centrelink benefits or other compensation you are receiving:

(characters)

19) Employment history: please list your employment history, including past and present jobs, and any jobs you worked as a teenager.

Job Name	Approximate Dates or Age at the Time of Employment	Brief Description of Duties
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Please continue to the next page

20) Please list any military history/conscriptions:

(characters)

21) Please list any legal problems current or in the past (include probation or incarcerations):

(characters)

22) Please describe your strengths:

(characters)

23) Please describe any areas that you need to improve or develop:

(characters)

Please continue to the next page

24) Please describe yourself:

(characters)

25) Please describe your relationship with friends:

(characters)

26) Sexual orientation:

(characters)

27) Do you have a spouse or partner? (please provide their name, age and the length of your relationship):

(characters)

28) List any previous relationships and details:

(characters)

Please continue to the next page

29) Do you have any children? (please provide names and ages):

Name	Age

30) Please provide details about your current living arrangements:

(characters)

31) Place of birth (and any birth complications if known):

(characters)

32) Mother (Please provide name, age and work or career. If deceased, please provide the year, age and cause of death if known):

(characters)

33) Father (Please provide name, age and work or career. If deceased, please provide the year, age and cause of death if known):

(characters)

34) Brothers and Sisters (If yes, please provide name, age, marital status, work or career):

Name	Age	Marital Status	Work or Career

Please continue to the next page

35) Are any members of your immediate family deceased? (If so, please provide age and cause of death if known)

(characters)

36) Memories of growing up at home:

(characters)

37) Memories of school:

(characters)

38) Did you have any significant separation from your parents in childhood? (If yes, please describe and include the effects it had on you):

(characters)

39) Did you migrate to Australia from overseas? (If yes, please describe the experience of integration):

(characters)

40) Please list the highest grade you completed in schooling:

(characters)

41) Please list any higher education or vocational training:

(characters)

Please continue to the next page

42) Please include any other relevant information:

(characters)

You may provide additional relevant information on the next page

42) Any other relevant information (continued):

(characters)