GENERAL INFORMATION

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Email: _____

Preferred Method of Contact (Phone/Email/SMS):

Preferred Contact Person (If not client):

MENTAL HEALTH HISTORY:

Do you have a Diagnosis?: _____

List previous major emotional/health experiences:

Have you experienced trauma or abuse?: _____

Have you had previous counseling/psychotherapy?:

Were you diagnosed with any mental disorder?:

Current medications and dosages

Have you been hospitalised for mental health, substance abuse or emotional health issues in the past?:

Reason for hospitalisation

Previous suicide attempts? When: _____ Current Suicidal Thoughts?: _____

Do you have a plan?: _____

If you could have three wishes, what would you wish for, and how would this change your life?

How do you expect Neuro Arts WA to assist you in your mental health journey?

What are your Strengths?

Is there anything you would like for us to know?

How is your general physical health?: _____

Past and current major or chronic health problems

FILL OUT THE FOLLOWING IF CLIENT IS A MINOR (LEGAL GUARDIAN)

Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____

Address

Phone Number: _____ Email Address: _____

Preferred Method of Contact (Phone/Email/SMS):

Parent/Legal Guardian Signature