AMINDSET

MBTP CLIENT INTAKE FORM

The information requested on this form will be kept confidential between Liz McCaughey (LM) of aMindset & your therapist.

Please fill out the form as completely as possible:

General Adult Client Information

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date (DD/MM/YY) __/__/__ Gender: M. ___ F ___ Other (please state) _____

Mobile: _____ What's App: _____ Email: _____

Best method of contacting client: _____

Place Born: _____ Place raised: _____ Native Language: _____

Emergency contact: _____ (Name) Contact No: _____

Relationship to client: _____

General Information

Has the client ever received help or hospitalisation for drug or alcohol abuse: Y N *(Circle the one that applies)*

If yes, please detail plus when & where: _____

Has the client ever received help or hospitalisation for mental health issues: Y N *(Circle the one that applies)*

If yes, please detail plus when & where: _____

What is the reason for seeking therapy now? _____

What would you like to see as a result of therapy? _____

Online Psychology Platform

Liz McCaughey organises a weekly online psychology platform that is available to MBTP clients. If you would like information about this event, please indicate here, and LM will contact you directly. ☐

Acknowledgement

Please sign and date this document attesting that the information you have written on this form is accurate to the best of your knowledge. Please forward the completed form to *liz@amindset.hk*

_____ _____ ___/___/___

Print Name **Signature** **Date:** (DD/MM/YY)

HK ID Number: _____