

Intake sheet

PRACTICE: _____

THE PERSON

FULL NAME

DATE OF BIRTH

PREFERRED NAME AND PRONOUNS

PHONE

EMAIL

ADDRESS

EMERGENCY CONTACT AND RELATIONSHIP

GP OR REFERRER

FUNDING, INSURER OR SCHEME REFERENCE

WHY YOU ARE HERE

WHAT BRINGS YOU IN · In your own words.

WHEN IT STARTED AND HOW IT HAS CHANGED

WHAT YOU WOULD LIKE TO BE DIFFERENT

HISTORY

MEDICAL HISTORY AND CURRENT CONDITIONS

MEDICATIONS AND ALLERGIES

PREVIOUS ASSESSMENTS OR THERAPY

DEVELOPMENTAL AND EDUCATIONAL HISTORY · For children and young people.

PRACTICALITIES

LANGUAGES SPOKEN AT HOME

WHO WILL ATTEND SESSIONS

BEST DAYS AND TIMES

ANYTHING ELSE WE SHOULD KNOW

Consent to assessment, treatment and record keeping is recorded on the practice's consent form, not on this sheet.

