



**CAROL O'CONNELL COUNSELLING  
SOLUTIONS & LIFE COACHING DIRECTIONS**

**INITIAL INTAKE FORM**

**Clients Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Family Members**

**Relationship To Client**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Presenting Concerns**

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**Brief History**

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**Source of Referral**

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\_\_\_\_\_

**Date of Intake:** \_\_\_/\_\_\_/\_\_\_

**Signature of Intake Officer:** \_\_\_\_\_