



Greystones Family Resource Centre

Therapeutic Service Client Intake Form

Therapy (Counselling & Play Therapy/Parental Support) can be offered remotely by our staff for the duration of the COVID-19 health crisis.

Both our play therapist and the counsellor carrying out remote support have been trained to do so.

Both our play therapist and the counsellor carrying out remote support have their own insurance.

Date of initial contact	
Client name	
Address	
Date of Birth	
If applicable parents name:	
If applicable school attended and class	

<p>Telephone:</p> <p>Preferred contact number</p>	<p>Landline</p> <p>Mobile</p> <p>Work</p>
<p>Emergency contact name, address & number</p>	
<p>Relationship to client/parent</p>	
<p>Current or recent Medication</p>	
<p>Previous therapy/interventions undertaken</p>	
<p>Details of family members;</p>	
<p>Client/parents view of presenting issues (brief summary only)</p>	
<p>Clients goals for Therapy (brief summary only)</p>	
<p>By signing this document I agree that the information contained in this client intake form is correct.</p>	<p>There are occasions where our supports would not be considered suitable, for example where a client or a child is at risk.</p> <p>Alternative sources of support will be suggested as appropriate.</p>

<p>By signing this document, I give permission for Greystones Family Resource Centre to pass on my contact details to their counsellor/play therapist</p> <p>_____</p> <p>_____</p> <p>Signature of Client/parent</p> <p>Date:</p>	<p>Currently, Greystones Family Resource Centre is not able to provide online counselling or play therapy to any person who is under the age of 18 or who is in crisis. The Centre will assist with information on or referral to other agencies providing crisis support, or specifically directed to a younger age group.</p> <p>Greystones Family Resource Centre therapists will maintain strict client confidentiality at all times. Therapists will only break client confidentiality if there is a child protection concern</p>
	OFFICE USE ONLY
Date form received	
Accepted for therapy	Yes No
If no reasons given	
Allocated to	
Contribution agreed	

Signature of Manager:

Date:
