



History In-Take Referral Form Young adults/Adults

Referral Details

Referral From (Private, institution, Court, Other)	Contact Person	Name of Organisation	
Date of Referral:	Start Date of sessions:	End Date of Sessions:	
			Number of sessions completed:

Client Details

Adult's Name	First Name		Surname	
Adult's age and date of birth	Age		DOB	
Gender Identity/ Pronoun Sexuality/Relationship status and diversity	GI	P	S	RS/D
Occupation				

Reason for Referral

Presenting Issue		
Secondary issues		

Main Contact Person for Client and Emergence Person Details

Partner/friend etc	Mobile	Email
Main Adult (Emergency):		

Client Historical Details

Previous Therapy intervention

Any Previous experience of therapy (Style of therapy)	Issues addressed	Length of therapy
Client		
Partner(s)		

Medical Details

Symptoms/Diagnosis	Type	Severity
Recurring illness? Accidents? Hospitalisation?		
Medication		
GP name:	GP Address	GP Phone:

Spouse/Partner Details

Spouse/Partner	First Name	Surname	Occupation

Family Details – Parents/Guardians/extended

How were you parented?	Both parents/Single parenting	Separated/Co Parenting/Divorce	
		When age did parents separate/divorce:	
Are your parents :	Currently Alive?	Deceased?	Year died
	Mam	Mam	
	Dad	Dad	

Childhood Relationship to parents/Guardians		
Adult Relationship to parents/Guardians		
Relationship to Grandmothers Grandfathers	Mam's mam Mam's dad	Dad's mam Dad's dad
Aunt's/Uncles /cousins	Mam's side	Dad's side
Medical and physical/mental health details of Parents/Grandparents/siblings and extended family		

Family Details – Siblings/ (step or foster)

Number of children in family	Brothers		Sisters
Where are you in the family line			
Name of Siblings/ Step-Siblings/Foster	Gender	Age	Relationship

<p>Medical and physical/mental health details of siblings</p> <p>Sibling ill health? Hospitalisation?</p>	<p>Medical</p>	<p>Mental Health</p>
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Extended relationship Details

<p>Significant People - Role</p>	<p>First Name</p>	<p>relationship</p>
<p>Significant Pets - Type</p>	<p>Name</p>	<p>Relationship</p>

Pregnancy, Naming and Transitions

<p>Do you know if you were a planned pregnancy?</p> <p>Did your M/D have any fertility difficulties?</p> <p>Miscarriages?</p>	
<p>How was the pregnancy for both your parents?</p> <p>Any illness, allergies, etc</p>	
<p>Birth – home birth/hospital/ any complications?</p> <p>Was your Dad at your birth?</p> <p>Full term or Premature</p>	
<p>Feeding – breast/bottle/both ?</p> <p>Any feeding issues?</p> <p>Weaning?</p> <p>Solid food?</p>	

Did you cry as a baby – often/never/normal?	
Sleeping – Own cot/ or Mam and Dad’s bed? How long did child stay in M/D’s bed or still there? How did Dad/partner(?) feel at being put out of bed?	
Who picked your name?	
Were you told you remind family of someone?	
Transitions: Babbling/speech Sitting up/crawling/walking 2’s – (I am me/separation)? Creche ? School? Primary & Secondary After school? Holidays or sleep overs? Any history of school bullying?	

Friends in work/Neighbourhood

Friends Name	Work	Neighbourhood

Work Attendance Details

Attendance	Able to attend	Difficulties attending
Any history of workplace bullying?		Historical Recent

Relationship to manager / Co-workers	Historical	Recent
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After work Activities

Activities		
Attendance	Able to attend	Difficulties attending Historical Recent
Relationship to facilitator(s)		

Behavioural/Communication Details

Behaviour and Communication	Historical	Recent
Ability to be alone with oneself?		
Nightmares, sleepwalking, history of bed wetting ? Any Fears?		
Screen time?		
Sudden change in eating patterns, food refusal ?		

Ability to relate to others? Hugs/comfort others?		
Hostility? Ability to show aggression? Violence towards self, violence towards others, self-harm, suicidal thoughts, addiction ? How are you in your own skin?		
Are you sexually active? Are you living independently ?		
What sort of person would you describe yourself as?		
What are your strengths ?		

Client aims for therapy/Changes you would like to see

Aims for Client