



History In-Take Referral Form

Couples

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:

Clients Details

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

Main Contact Person for Clients and Emergence Person Details

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

Reason for Referral

Presenting Issue		
Secondary issues		

Client Historical Details

Previous Therapy intervention

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

Medical Details

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

Family Details – Parents/Guardians/extended

Name:	Both parents/Single parenting	Separated/Co Parenting/Divorce	
How were you parented?		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			
Siblings Number of siblings: Older/Younger :	Brothers	Sisters	
Relationship to siblings	Brothers	Sisters	
Relationship to Grandmothers Grandfathers	Mam's mam	Dad's mam	
	Mam's Dad	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			

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	Mam's dad	Dad's dad	
Aunt's/Uncles /cousins	Mam's side	Dad's side	
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Extended relationship Details

Significant People - Role	First Name	relationship
Name:		
Name:		
Significant Pets - Type	Name	Relationship

Pregnancy, Naming and Transitions

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

<p>Solid food? Did you cry as a baby – often/never/normal?</p>	<p>Name:</p>
<p>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?</p>	<p>Name:</p> <p>Name:</p>
<p>Who picked your name?</p>	<p>Name:</p> <p>Name:</p>
<p>Were you told you remind family of someone?</p>	<p>Name:</p> <p>Name:</p>
<p>Transitions:</p> <p>Babbling/speech Sitting up/crawling/walking 2’s – (I am me/separation)? Creche ? School? Primary & Secondary After school? Holidays or sleep overs?</p> <p>Any history of school bullying?</p>	<p>Name:</p> <p>Name:</p>

Friends in work/Neighbourhood

Friends Name	Work	Neighbourhood
Name		
Name		

Work Attendance Details

Attendance – Name: Any history of workplace bullying?	Able to attend	Difficulties attending Historical Recent
Relationship to manager / Co-workers	Historical	Recent
Attendance – Name: Any history of workplace bullying?	Able to attend	Difficulties attending Historical Recent
Relationship to manager / Co-workers	Historical	Recent

After work Activities

Activities – Name:		
Activities – Name:		
Attendance	Able to attend	Difficulties attending Historical

		Recent
Relationship to facilitator(s)		

Behavioural/Communication Details

Behaviour and Communication	Name:	Name:
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?		
What sort of person would you describe yourself as?		
What are your strengths ?		

<p>How did you both meet? Was there a mutual attraction?</p> <p>Where/how long ago?</p> <p>How long are you together?</p> <p>Why did you want to commit to each other?</p>		
<p>What was your early relationship like?</p> <p>Pre-children?</p> <p>Post children?</p> <p>Why did you want children?</p>		
<p>Are you currently sexually active as a couple?</p>		
<p>Are you currently sexually active outside of this relationship?</p>		
<p>Do you currently feel there is a future for this relationship? What might it look like?</p> <p>What would it look like not to stay together?</p>		

Client aims for therapy/Changes you would like to see

Aims for Clients

Aims for Clients

Review :