

Design Your Mind - Client Intake Form

Confidential Psychological Assessment - Melisa Adams, BACP Accredited Psychotherapist

Client Details

Full Name:

_ Date of Birth:

_ Pronouns (optional):

_ Address:

_ Phone Number:

_ Email Address:

_ Preferred Contact Method:

_ ☐ Phone

☐ Email

☐ Text

Emergency Contact Name:

_ Emergency Contact Number:

_ **GP / Medical Contact (Optional)**

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GP Name:

_ GP Surgery Name & Address:

_ GP Phone Number:

_ Therapy Format & Type

☐ Online (via Doxy.me)

☐ Telephone

☐ Individual (£70 for 50 mins)

☐ Couples (£95 for 60 mins)

Current Concerns

What brings you to therapy at this time?

_ ☐ Have you had therapy or counselling before?

If yes, please provide a brief summary:

_ ☐ Have you ever received a mental health diagnosis?

If yes, what was the diagnosis and who made it?

☐ [] Are you currently taking any prescribed medication?

If yes, please list:

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Any physical health issues, neurodivergence, or disabilities?

☐ Risk & Safety

☐ [] Have you ever experienced suicidal thoughts or behaviours?

If yes, please explain and whether you currently feel at risk:

☐ Any safeguarding concerns?

☐ Personal Context

Any significant life events, trauma, or losses?

☐ Current support systems?

☐ Cultural, identity, or religious considerations?

☐ Consent & Understanding

☐ [] I understand sessions are confidential, and exceptions will be explained.

- ☐ I agree to give 48 hours' notice for cancellations or the full fee will apply.
- ☐ I agree to pay via bank transfer on or before the session.
- ☐ I understand data is held securely under GDPR and BACP standards.
- ☐ I consent to online or telephone therapy sessions.
- ☐ I understand I may end therapy at any time, and a planned ending is recommended.

Additional Information

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Anything else you'd like to share before we begin?

_ Client Confirmation

Name:

_ Date:
