

INTAKE FORM

V6 02/05/2025

EMAIL COMPLETED FORM TO INTAKE@GALLANGPLACE.ORG.AU

ALL information on this form is treated as confidential as per Gallang Place's Policies and Procedures

OFFICE USE ONLY:							
INTAKE OFFICER			DATE F	RECEIVED			
PROGRAM FEE FOR SERVICE EAP ADULT YOUTH OTHER							
CLIENT DETAILS			REFERRAL DATE				
NAME			DATE (OF BIRTH			
HOME ADDRESS			PHON	E			
CLIENT EMAIL				Gallang Es Before?	□ Y	□ N	
PREFERRED CONTACT	EMAIL / PHONE CALL / TEXT		CLIENT CONSENT TO CONTACT		□ Y	□ N	
GENDER	MALE	FEMALE		OTI	HER		
I IDENTIFY AS:		TORRES STRA ISLANDER	ΝТ	BOTH			
		EMERGENCY					

CONTACT

Suicide / Self Harm

Self-esteem

Trauma

Ν

Anxiety

I HAVE ATTACHED ADDITIONAL INFORMATION

Depression

notes section

Workplace issues

Other, please specify in

IS CLIENT SUBJECT TO ANY CHILD PROTECTION ORDERS?

Drug / Alcohol

Relationship

Grief and Loss

REFERRER DETAILS IF S		SELF REFERRAL – PLEASE IDENTIFY OTHER SERVICE PROVIDERS			
REFERRER NAME		RELATIONSHIP			
REFERRER EMAIL					
CLIENT CONSENT FOR REFERRAL?	(MUST OBTAIN CONSENT)	Y N			
REFERRER CONTACT		AGENCY [IF			
No.		APPLICABLE]			

57 Southgate Avenue, Cannon Hill QLD 4170

NEXT OF KIN

(IF 'YES' PLEASE ATTACH)

Anger Management

Domestic Violence

TYPE OF SUPPORT:

Behavioural

NOTES

P: (07) 3899 5041 E: intake@gallangplace.org.au



CONSENT TO COUNSELLING:

IF THE CLIENT IS UNDER THE AGE OF 17 YEARS OF AGE THE PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING:

I CONSENT TO MY CHILD BEING SEEN BY A COUNSELLOR.

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN:

DATE

VERBAL PARENT/GUARDIAN AGREEMENT AND CONSENT:

VERBAL PARENT/GUARDIAN CONSENT SHOULD ONLY BE USED WHERE IT IS NOT PRACTICABLE TO OBTAIN WRITTEN CONSENT.

ONLY VERBAL PARENT/GUARDIAN CONSENT PROVIDED:

I HAVE DISCUSSED THE REQUIRED INFORMATION ON THIS FORM WITH THE CLIENT'S PARENT OR THEIR AUTHORISED REPRESENTATIVE. I AM SATISFIED THAT THE CLIENT'S PARENT (OR THEIR REPRESENTATIVE) UNDERSTANDS THE INFORMATION IN THIS DOCUMENT AND HAS PROVIDED THEIR AGREEMENT AND CONSENT.

COUSELLOR NAME:	DATE:
COUNSELLORS SIGNATURE:	