**Intake Form – De TransCoach/De Queertherapeut**

* **Full name:**
* **Pronouns:**
* **Date of birth:**
* **Phone number:**
* **Email address:**
* **Address (street, postcode, city:**

**Background & Identity**

* **How do you identify in terms of gender?**
* **How do you identify in terms of sexual orientation?**
* **What cultural or ethnic background(s) are important to you?**
* **Is there anything else about your identity you'd like me to know?**

**Presenting Issues**

* **What brings you to therapy at this time?**
* **How long have these issues been present?**
* **How are these concerns affecting your daily life (work, relationships, mood, sleep, etc.)?**
* **What do you hope to gain from therapy?**
* **Have there been any recent major changes in your life (e.g. moving, illness, loss, new job, coming out, transition, relationship changes)?**

**Mental Health History**

* **Have you previously received therapy or counseling?** ☐ Yes ☐ No  
  If yes, what type and when?
* **Have you ever been diagnosed with a mental health condition?** ☐ Yes ☐ No  
  If yes, please describe:
* **Are you currently taking any medication for mental health concerns?** ☐ Yes ☐ No  
  If yes, please list:

**Medical & Support Information**

* **Do you have any physical health conditions that affect your well-being?**
* **Are you currently receiving care from any other professionals (GP, psychiatrist, physiotherapist, etc.)?**
* **Do you have a support system (friends, family, community)?**  
  Please describe:

**Risk & Safety**

* **Are you currently experiencing thoughts of self-harm or suicide?** ☐ Yes ☐ No  
  If yes, how often? Have you experienced this before?
* **Do you feel safe at home/in your current living situation?** ☐ Yes ☐ No  
  Please explain if you feel comfortable.

**Other Information**

* **Is there anything else you would like me to know before we begin working together?**
* **Are there topics you find difficult or don’t wish to discuss at this time?**
* **Are there any accommodations that would help you feel more comfortable (e.g. sensory, communication style, language, physical access)?**

**Consent and Confidentiality (to be discussed in session)**  
☐ I understand that the information shared in therapy is confidential, with some legal exceptions (e.g. risk of harm to self/others).  
☐ I understand the therapist is not part of the medical or GGZ system and does not provide diagnoses or referrals for medical treatment.