



**Working
It Out Now**

WITH ABI COOK-SINGH | COUNSELLING

Client Registration Form

My privacy policy explains about the collection, use, storage, and disclosure of your information. This is available from your counsellor.

DATE

FIRST NAME

LAST NAME

PREFERRED PRONOUN

NAME TO BE CALLED

FULL DATE OF BIRTH

OR YOUR AGE

Sex assigned at birth (please tick)

☐

Male

☐

Female

☐

prefer not to say

Current gender identity (please tick)

☐

Man

☐

Woman

☐

Non-binary

☐

Your current place of residence

STREET

SUBURB

POSTCODE

STATE

☐

no permanent address/homeless

Your Current Postal address (if different from place of residence)

STREET

SUBURB

POSTCODE

STATE

Your contact information (insert phone numbers and then tick primary contact only)

MOBILE PHONE

☐

use this contact?

☐

Text SMS, okay?

☐

Voicemail, okay?

HOME PHONE

☐

use this contact?

☐

During hours ____ to ____

☐

Voicemail, okay?

WORK PHONE

☐

use this contact?

☐

During hours ____ to ____

☐

Voicemail, okay?

Please note: Text messages and voicemails may reveal the agency name, contact name and appointment details

What is the main reason for seeking this service: (Circle as many boxes as you require)

☐

Relationship Changes

☐

Low self-esteem & self-confidence.

☐

Separation or considering separation

☐

Communication difficulties

☐

Life transitions

☐

Conflict

☐

Assertiveness & healthy boundaries

☐

Blended families

☐

Competing priorities

☐

Abuse issues.

☐

Coming to terms with loss and grief

☐

Major life change

☐

Addictions, gambling, drug & alcohol

☐

Mental health issues

☐

Childhood sexual abuse

☐

Sexual dysfunction / concerns.

☐

Relationship breakdown

☐

Other



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Country of birth

Are you Aboriginal or Torres Strait Islander Origin? (please tick one box only)

- ☐ No ☐ Torres Strait Islander ☐ Aboriginal ☐ Torres Strait Islander & Aboriginal

What is the main language you speak at home?

Any other languages?

Do you have any disabilities? (Tick as many boxes as you require)

- ☐ no ☐ Psychiatric ☐ Physical/diverse ☐ Sensory/speech ☐ Intellectual/learning

What is your current household composition? (please tick one box only)

- ☐ Single (person living alone) ☐ Sole parent with dependant(s) ☐ Couple with dependant(s) ☐ Couple
- ☐ Group (related adults) ☐ Group (unrelated adults)

What is your current marital status? (please tick one box only)

- ☐ Single or never married ☐ Married ☐ De Facto separated ☐ Separated but not divorced
- ☐ De facto ☐ Widowed ☐ Other relationship ☐ Divorced

DATE OF SEPARATION,
IF YOU ANSWERED DE FACTO SEPARATED, SEPARATED BUT NOT DIVORCED OR DIVORCED.

What is your main source of income? (please tick one box only)

- ☐ Nil income ☐ Employee Salary / wages. ☐ Self-employed (unincorporated business income)
- ☐ Government payments/ pension/ allowances ☐ Other income including superannuation and investments.

What is your approximate gross income? (please tick one box only)

Income frequency

- ☐ weekly ☐ fortnightly ☐ monthly ☐ annually

Gross income (earnings before tax)

\$



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First arrived in Australia *If your country of birth is not Australia. Please specify when you first arrived in Australia*

Migration visa category *(please tick one box only)*

- ☐ Humanitarian ☐ Family ☐ Skilled ☐ _____

What is your Ancestry / Ethnicity

Who referred you to this service?

- ☐ Working It Out Now Counselling with Abi Cook-Singh social media ☐ Self ☐ Centrelink / DHS
- ☐ Community service agency ☐ Family member ☐ Friends ☐ General medical practitioner
- ☐ Employment/job placement agency ☐ Google search ☐ Other