

Trevor Hall
Counselling Psychologist
M.A. (Counselling Psych) (UJ)
Practice No. 0751456
HPCSA No. PS 0139858
HCPC No. PYL039116

Date: _____

Initial Interview Form:

Patient Name: _____

Date of Birth: _____

Age: _____

Identification Number: _____

Highest Level of Education: _____

Referred By: _____

Telephone Number: _____

Address: _____

Email Address: _____

Medical Aid: _____

Medical Aid/Insurance No: _____

Principal Member: _____

Emergency Contact Person: _____

Telephone Number: _____

Person Responsible for Account: _____

Telephone Number: _____

Email Address: _____

Conditions/Consent for Psychological Services:

This is a cash practice. Fees are expected to be paid in full on receipt of invoice. All sessions not cancelled at least 24 hours in advance will be charged for at the full rate.

I have read and understand the terms and conditions of these psychological services and consent to engage in this psychotherapeutic process.

Patient Name: _____

Signature: _____

Reason for Referral: Explain as briefly as possible why you would like to see a psychotherapist.

History of Main Complaint: When did you begin to experience these issues? What do you think contributed to them?

Medical History and Medication: Are you taking any medication, currently? Have you been diagnosed with anything that might be affecting your current experiences?

Substance Use: Do you drink or take drugs of any kind? If yes, what and how often?

Family Medical and Psychiatric History: Has anyone in your family been diagnosed with a psychiatric disorder or a general medical condition?

Familial Relationships: Who in your family are you closest to and why? Are there any issues between you and any other family members? Do you feel like you have a supportive family structure?

Intimate Relationships: Are you in an intimate relationship? If yes, for how long? Do you struggle in any way with intimate relationships?

Friendships: Do you have a friendship group? Do you feel like you have people in whom you are able to confide? Do you feel supported by your friends? Do you support others?

Symptoms:

Are you experiencing any hallucinations or delusions? Do you sometimes see things that are not there or hear voices that seem to speak only to you?

Have you ever experienced head trauma and lost consciousness at all? Do you ever experience seizures of any kind? Are you constantly dizzy? Do you ever experience feeling unreal or dissociated from yourself or reality?

Mood: Please describe your current mood that you experience most of the day every day. Can you experience pleasure in anything recently? How are you sleeping? How are you eating? Are you irritable at all? Do you have trouble concentrating recently? Do you feel energised or fatigued?

Anxiety: Do you worry constantly about things? If yes, what? Do you ever experience strange or nasty thoughts that you cannot get rid of? Do you ever experience heart palpitations, sweaty palms, trouble breathing, or body shaking when you are nervous? If you experience anxiety, do you know what triggers it? Do you ever engage in specific behaviours that you repeat in order to stop disturbing thoughts?

Dreams: Can you remember your dreams? Do you have nightmares ever? Do you have any recurring dreams? What do you feel when you wake up after a nightmare?

ADHD: Have you ever been diagnosed with ADHD?

Trauma: Have you ever been exposed to an event that you would consider to be traumatic? If yes, did you receive counselling? Are you able to talk about the event without becoming overwhelmed? Do you ever avoid places or thoughts that remind you of the event?
