



(R)evolution Psychotherapy Client Intake Form

Welcome

This form is an invitation to share what feels important for us to know as we begin working together. You are welcome to skip any question that doesn't feel relevant or safe to answer right now. We can revisit anything in conversation.

Basic Information

- Name you'd like me to use in sessions: _____
- Pronouns: _____
- Legal name (if different, for admin purposes only): _____
- Date of birth: _____
- Contact number(s): _____
- Email: _____
- Preferred contact method: ☐ Phone ☐ Email ☐ Text ☐ Other: _____
- Is it safe to leave a message? ☐ Yes ☐ No ☐ Other: _____

Access & Communication

- Do you have any access needs or preferences for our sessions?
(e.g., sensory environment, pacing, breaks, lighting, seating, communication style)

- Preferred ways of receiving information:
☐ Spoken ☐ Written ☐ Visual aids ☐ Other: _____
- Anything that helps you feel more comfortable or regulated in session:

Support & Safety

- Emergency contact name & relationship: _____
- Emergency contact phone: _____



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- Are there current safety concerns you'd like to share?

-
- Previous therapy or support experiences (positive or challenging):
-

Goals & Hopes (if applicable)

- What brings you to therapy at this time?
- What would you like to be different after working together?
- Strengths, values, or resources you draw on:

Practicalities

- How did you hear about this practice? _____
- Preferred session length/frequency: _____
- Payment method: _____

Consent & Agreements

I understand that:

- What you share is yours only. I only pass it on if you ask me to, or if the law requires it to keep you or others safe—and I'll involve you whenever I can.
- I can ask questions about therapy, my rights, and this agreement at any time.
- I can withdraw consent or request changes to my care.

Client Signature: _____ Date: _____

Guardian Signature (if applicable): _____ Date: _____