Client Confidential Questionnaire

Client #		Date of Birth	/ /
Name & Last Name		Initial Consult	/ /202_
Address	Postal Code:		
Mobile #			
Email Address			
Next of Kin		Contact #	
Confidentiality	*"I need to inform you that everything that you say here is completely confidential unless of course I think you are going to be a danger to yourself or someone else or if there is a reportable crime. Is that OK with you?"* I, ______________________________ give my consent to the terms of confidentiality. outlined above. *Confidentiality will never be broken without your express permission.*		
Relationship			

✂ ____ ___________PLEASE COMPLETE ALL 5 PAGES ________ (Cut here and file separately)

Client #		Age	
First Name Only		Identify as	M / F / L / G / B / T/+
Reason For Seeking Counselling		Goal for Counselling	
When did you and your partner meet?	Date Met: # of Years Together:	Marital Status Marriage Date __________________	☐ Single ☐ De Facto ☐ Married ☐ Divorced ☐ Separated
Country of Birth		Years in Australia	
Occupation		Previous Marriage	Y/N
Living situation	☐ Self ☐ Partner ☐ Parents ☐ Shared House	☐ Children ☐ Moved out recent ☐ Other ☐ Separate Living	
Do you have children of your own?	How many children (including *deceased, terminated, miscarried* etc): Names and Ages of each child:		
Family of Origin: Number of Children	**The family you were born into:**	**Position in Family:** e.g. 1 for first born	
TREATMENT TEAM: Who is on your team e.g. GP, psychologist, psychiatrist, acupuncturist etc			
	Name and Contact Number:	Name and Contact Number:	
Medication Yes / No	Type and dosage:	Type and dosage:	
Health Concerns	☐ Chronic Pain ☐ Digestive Issues ☐ Diagnoses e.g. Fibromyalgia; Other_________________________________ ☐ Injuries____ ☐ Using AI for therapy for health concerns?___________________________		
Recreational drug intake/Microdosing /Smoking	e.g. Drug Type and Frequency	**Recommended by:** ☐ Referral__________ ☐ Walk-in ☐ Google Ad / Search ☐ Word of Mouth ☐ Email ☐ Website ☐ Flyer / Mail drop ☐ Other	
Anything else I should know?	Anything that you would like me to be aware of that will affect our time together in session ☐ Legal Proceedings ☐ NDIS Self-Managed ☐ Personal Injury Claim(s) ☐ WorkCover ☐ Insurance Company ☐ Workers Compensation ☐ Domestic Violence – previous relationships		

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Sleep & Intimacy	☐ Able to sleep 6-8 hours per night? ☐ Are you still sharing the same room? ☐ Difficulty getting to sleep? ☐ Are you still sharing the same bed? ☐ Difficulty staying asleep? ☐ Are you still intimate with your partner?
Love Language	☐ Quality Time ☐ Physical Touch ☐ Acts of Service ☐ Words of Affirmation ☐ Gifts
Newsletter	Would you like to receive our infrequent newsletter – contains tips, tricks and techniques around Relationships, and Mental Health. ☐
Consent	I authorise my therapist to share relevant information with designated healthcare providers or emergency contacts as necessary. ☐ Yes ☐ No Signature: __________ Date:

You are invited to draw your family tree below:

FAMILY NAME: ____

Your Father

Age:

Alive: Y/N

Cause of Death:
____

Marital Status

☐ Together
☐ Divorced
☐ One Partner Deceased

Repartnered: Y/N
FA: Defacto/remarried?
MO: Defacto/remarried?

Your Mother

Age:

Alive: Y/N

Cause of Death:
____

Where do your parents reside: **Brisbane** ☐ **Queensland** ☐ **Anywhere else in Australia** ☐ **Overseas** _______

Your Siblings (Brothers, Sisters, Half siblings etc) - *alive or dead, terminated or miscarried* etc

Please indicate using *square* for males, and *circles* for females, the names, ages and birth order of your siblings of your own biological family, in the space below. Viz: Jack 35 Me Jen 19

Adverse Childhood Experience Questionnaire

Early life experiences can play a role in shaping how we think, feel, and respond to the world.

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Many people have had challenging or stressful experiences growing up. The questions below are optional and designed to support a broader understanding of your life experiences.
You can choose what feels comfortable to share. This information may help guide conversations about your overall well-being.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often … Did a parent or adult in your home ever swear at you, insult you, or put you down?	Yes / No Please circle
2. Did a parent or other adult in the household often … Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	Yes / No Please circle
3. Did an adult or person at least 5 years older than you ever… ☐ Parent ☐ Sibling ☐ Extended Family ☐ Friend ☐ Not known to you Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	Yes / No Please circle
4. Did you feel that no one in your family loved you or thought you were special?	Yes / No Please circle
5. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	Yes / No Please circle
6. Did you lose a parent through divorce, abandonment, death, or other reason?	Yes / No Please circle
7. Did your parents or primary carers or adults in your home ever: Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	Yes / No Please circle
8. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	Yes / No Please circle
9. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	Yes / No Please circle
10. Did you live with anyone who went to jail or prison?	Yes / No Please circle
Total YES/NO **ACE TOTAL:**	/10

Describe your relationship to your *father* in 5 words:

____

Describe your relationship to your *mother* in 5 words:

____

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Presenting Issues In Your Relationship

This form is designed to help us understand your relationship more clearly. You are welcome to share as much or as little as feels comfortable. There are no right or wrong answers—this is simply a starting point for our work together.

What are *you* experiencing in this relationship?	Rating (Best 0-10 Worst)	Use 1-2 words to describe
RELATIONSHIP EXPERIENCE (FELT SENSE)		
☐ Communication Challenge		
☐ Conflict Escalation ☐ Anger Management		
☐ Feeling Disconnected \ ☐ Alone Together ☐ Abandonment		
☐ Feeling Unsupported		
☐ Intimacy Changes		
☐ Trust Concerns		
RELATIONSHIP STRESSORS		
☐ Addictions (☐ Self ☐ Partner ☐ Both ☐ Other)		
☐ Domestics Duties Unfair – Resentment		
☐ Extended Family / ☐ In-laws		
☐ Finances		
☐ Health Challenges ☐ Mental Health Challenges		
☐ Life Transitions (☐ IVF ☐ Loss ☐ Relocation)		
☐ Midlife Crisis ☐ Menopause		
☐ Misalignment Around Team Work		
☐ Parenting Differences		
☐ Unmet Emotional Needs (☐ Space ☐ Closeness)		
☐ Work Demands (☐ FIFO ☐ Shifts ☐ Distance)		
INTIMACY CHALLENGES		
☐ Separate Sleeping ☐ Kids in the bed ☐ IVF		
☐ Terminations ☐ Miscarriages ☐		
SIGNIFICANT RELATIONSHIP EVENTS		
☐ Betrayal (☐ Physical ☐ Emotional ☐ Online)		*Date started: ________* *Ongoing? Y/N* *Partner aware? Y/N*
☐ Losses (e.g. miscarriage, termination, grief)		
☐ Major Relationship Turning Points		
☐ Periods of Separation		
☐ Regrettable Incidents		
☐ Staying Together for the Kids		
PERSONAL AND BACKGROUND FACTORS (OPTIONAL)		**Optional Details**
☐ Emotional / Mental Health Challenges		
☐ Family Dynamics Growing Up		
☐ Neurodivergence ☐ ADHD Type: ☐ Impulsive ☐ Hyperactive ☐ Inattentive ☐ Combine ☐ Autism Level ____________		
☐ Past Experience Impacting Relationships (☐ Childhood / ☐ Trauma)		
☐ Substance Use (☐ Self / ☐ Partner / ☐ Parent)		

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HOW WELL DO YOU FIGHT WITH YOUR PARTNER

Please answer the following questions for yourself within your relationship:

	Yes / No Please circle	If Yes, Rate 0-10 10=Worst
1. Are you frightened by your partner's temper?	Yes / No	
2. Are you afraid to disagree with your partner?	Yes / No	
3. Are you constantly apologising for your partner's behaviour?	Yes / No	
4. Do you have to justify every place you go or everything you do or every person you see just to avoid your partner's anger?	Yes / No	
5. Does your partner constantly put you down, then tells you they love you?	Yes / No	
6. Have you ever been hit kicked shoved or had things thrown at you?	Yes / No	
7. Do you not see family or friends or do things just because of your partners own jealousy?	Yes / No	
8. Have you been forced into having sex when you didn't want to?	Yes / No	
9. Are you afraid to break up because your partner has threatened to hurt you or themselves?	Yes / No	
10. Does your partner try to embarrass you in private or public?	Yes / No	
11. Has your partner insisted on touching you when you feel uncomfortable about it?	Yes / No	
12. Has your partner called you degrading names?	Yes / No	
13. Does your partner often yell at you?	Yes / No	
14. Does your partner make fun of you or call you names if you don't want to have sex?	Yes / No	
15. Does your partner become angry if you don't do as they say?	Yes / No	
16. Does your partner expect you to always tell them of your whereabouts?	Yes / No	
17. Does your partner tell you how to dress, how to wear your makeup, how to wear your hair?	Yes / No	
18. Does your partner follow you? Are they watching to see where you are, what you are doing, who you are talking to?	Yes / No	
19. Does your partner make all the decisions in the relationship?	Yes / No	

If any of this resonates with you, or you feel like you would like to speak to someone who is an expert in domestic violence, please call the *Centre for Women and Co* or *DV Connect*.
In a life-threatening emergency, call 000.

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Webinars, Workshops, Retreats

Please let us know what you would like to learn more about in our communications to you. Please ensure that you “whitelist” our email address: *info@nicoletteward.com.au*

Tick	
	☐ **Anger** – Manage and express anger in healthier ways
	☐ **Betrayal** – Understanding and recovery from relationship breaches
	☐ **Communication** – Feeling heard and understood by your partner
	☐ **Conflict Management** – Navigate and reduce relationship conflict
	☐ **Sensitive Relationships** – Tension reduction and ‘walking on eggshells’
	☐ **Needs and Feelings** – Understanding emotional needs and connection
	☐ **Fly In Fly Out** – Strengthen connection despite distance
	☐ **Family** – Navigate complex family relationships
	☐ **Repair trust relationships** – Rebuild after misunderstandings and regrettable incidents.
	☐ **Stress Management** – Practical tools to support emotional well-being

☐ I consent to receiving occasional emails about selected topics, events, and resources.

☐ I understand I can unsubscribe at any time.

Relationship Revamp

Information from our sessions is available at www.relationshiprevamp.com.au. The website includes online courses, ebooks, screeners, videos, blogs and event news. Everything we talk about in session is available on this website to reinforce what is covered in session, particularly for practicing new communication skills. These resources are affordably priced and proceeds support the funding of the platform only.

Which classrooms would you be interested in?

Feel free to enquire about booking a separate session to do these mini-sessions for self or a group

Tick	
	☐ **Tapping** – How to relieve YOUR OWN anxiety, and depression
	☐ **Beliefs** – How to remove limiting beliefs about you, your partner, your life.
	☐ **Communication** – How to stop feeling like you both speak a different language
	☐ **Conflict Management** – How to ease couples’ conflict
	☐ **Needs and Feelings** - How to get your needs met

Payment by EFTPOS is available.

Relationship Revamp Book

I am putting together a series of eBooks about how to revamp your relationship. Your feedback on these eBooks would be most welcome. Please let me know if you would like to participate as a feedback provider in this activity.

☐ Yes, I would like to participate in this activity. Please email me an *eBook* for review.

Kinesiology Introductory Session

I can assist with balancing any emotional and medical issues that are impacting the relationship using kinesiology e.g. sleep disturbance, menopause symptoms, ADHD etc. Would you be open to receiving an introductory kinesiology session ($150) to try it out?

☐ Yes, I would like to do a kinesiology session. Please email me with the kinesiology brochure so that I can learn more first before I book in via your website.

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Counselling Policy

No MHTP REBATE

Couples Counselling is **not covered by the MHTP** (Mental Health Treatment Plan). As a private holistic counsellor, I do not offer the MHTP rebate. My fee structure is designed to cost roughly the same as the MHTP after rebate.

GET INSURANCE COMPANY REBATE FIRST

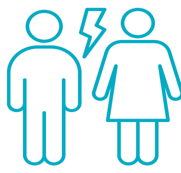
Please ensure you have **clearance from your insurance company *prior* to engaging in counselling**. As a holistic counsellor, I do not have a 'provider number' nor do I engage in the MHTP (Mental Health treatment plan). If your insurance company is prepared to engage my services, please request the **Billing Address, appropriate Item Numbers and Fee Schedule**. Your invoice will be emailed to you once you have paid it up front in session, and you can claim it from your insurer.

SURCHARGE TO SUBMIT DOCUMENTS

If you require these items, please advise your therapist in the first session. You will need to book a session for the letter to be generated, to ensure the prescribed requirements are met by the correspondence. Any documentation will attract a fee of **$250 per document set** to cover therapist time, scanning and printing costs.

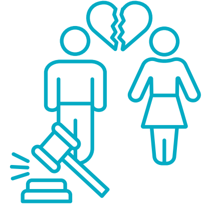
DOMESTIC VIOLENCE NOT TOLERATED

If there is domestic violence at play in your relationship (refer the Duluth model) please alert your therapist at the initial consult, as the therapist cannot guarantee your safety post session for what is said in session. You will need to approach **DVConnect** or **The Centre for Woman & Co.** for support, and couples counselling will only progress on the grounds of receiving support from these organisations based on their permission.



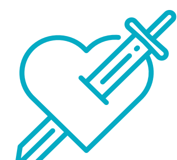
BREAK UP AT HOME NOT IN SESSION

Your therapist **does not facilitate break up conversations**, especially when it comes out of the blue. Please respect your partner as a human being, who deserves a comfortable, safe environment for their emotions. Your partner may experience shock and lose their social mask. This can be terribly embarrassing and shaming for your partner, in most cases, to have this done outside the home, in a public space, in front of another person.



SEPARATION TRANSITION

If **both of you** would like to the therapist to facilitate a break up conversation **post breakup**, and to manage the transition to separation, this is most certainly a possibility for us to create but please discuss this with the therapist first. Support is available to help manage the transition throughout the separation process and you *both need to attend session.*



BETRAYALS

It is not possible to conduct couples counselling if an affair is ongoing. The affair must be **ended** prior to commencing counselling with your partner.

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