Appendix A

Intake Form

Client Name: _____ Date: _____

Therapist/Assessor Name: _____ Session/Intake No.: _____

1. Chief Complaint

(Main reason the person is seeking help now)

Description: What the individual says is the main issue or concern. From a trauma-informed perspective: allow the person's voice to describe it, validate their experience, and recognise that the presenting issue may be linked to past trauma.

Report: _____

2. Current Functioning (Current Situation)

Description: How the person is functioning in daily life: work/school, relationships, self-care, sleep, mood, concentration, energy, activity level. A trauma-informed lens pays attention to how trauma responses (e.g., hypervigilance, avoidance, dissociation) may manifest in these areas.

Details: _____

3. Symptoms

Description: Specific psychological, emotional, behavioural and physiological symptoms (e.g., anxiety, depression, irritability, nightmares, flashbacks, avoidance, numbing). Recognise that such symptoms may be adaptive responses to trauma.

List/Description: _____

4. Suicide Risk to Self/Others

Description: Assessment of risk of self-harm, suicidal thoughts/intent/plan/history; risk of harming others, impulsivity, access to means, protective factors. Trauma-informed practice emphasises collaborative safety planning and supports without judgement.

Risk Details: _____

- Suicidal ideation/history:

  _____

- Self-harm behaviours: _____
- Risk of harm to others: _____
- Access to means:

  _____

- Protective factors: _____

5. Drug/Alcohol Issues

Description: Current and past substance use (alcohol, illicit drugs, prescription misuse): pattern, amount/frequency, age of onset, consequences, attempts to reduce/quit. Trauma-informed: explore substance use as a coping mechanism.

Substance Use History: _____

6. Current/Past Psychological Treatment

Description: All therapy, counselling, psychiatric services, group therapy etc: dates, provider, length, outcome, engagement. From trauma-informed perspective: note whether trauma was addressed, client's experience of safety/trust in treatment.

Treatment History: _____

7. Medical History

Description: Past and current physical health conditions, surgeries, hospitalisations, chronic illnesses, neurological issues, developmental concerns. Trauma-informed: consider mind-body connections, somatic impacts of trauma.

Medical History: _____

8. Medications

Current: _____

Past: _____

Description: Include psychiatric and non-psychiatric meds; indications, doses, prescriber, adherence, side-effects. In trauma-informed care: note how medication fits into the trauma narrative (e.g., started after a traumatic event).

9. Childhood History

Description: Early developmental history: milestones, attachment to caregivers, schooling, peer relationships, early losses/separations, abuse/neglect, family environment, stability of caregivers. Trauma-informed emphasis: exploring relational trauma, attachment patterns, early coping, self-view and worldview formation.

Details: _____

10. Family History

Description: Family structure, caregivers, siblings, major events (divorce, death, migration), socio-economic context, parenting styles, family relational patterns. From a trauma lens: how family environment (e.g., parental mental health, substance use, domestic violence) may have been risk or protective factors.

Family Structure & Context: _____

Relational/Familial dynamics: _____

11. Family Mental Health History

Description: Known psychiatric diagnoses or symptoms in family members (parents, siblings, grandparents), substance use in family, suicide attempts or completions, trauma history in family. Trauma-informed: recognition of intergenerational trauma, the ripple-effects of family members' trauma responses.

Family MH History: _____

12. Work History: Current / Past

Description: Employment history (roles, durations, training, reasons for leaving), schooling, current job status, work-related stressors or trauma (e.g., harassment, accidents). Trauma-informed: note how trauma may affect vocational identity, performance, relationships at work.

Work History: _____

13. Present/Past Abuse

Description: Any history of physical, sexual, emotional abuse; neglect; domestic violence; bullying; trauma exposures (accidents, disasters, war, witnessing violence). Include age of onset, duration, perpetrator, disclosure, impact. Trauma-informed: allow for varied readiness to disclose, honour the person's narrative, avoid re-traumatisation.

Abuse History: _____

14. Stressors

Description: Current and past life stressors (financial, relational, legal, immigration, health, caregiving, bereavement). Trauma-informed: recognise cumulative stress (including ACEs – Adverse Childhood Experiences) and how ongoing stress may maintain trauma responses.

Stressors: _____

15. Current Support

Description: Social supports: family, friends, community, religious/spiritual affiliation, peer groups; available resource networks. Trauma-informed: emphasise connection, safe relational anchors, empowerment.

Support Systems: _____

16. Strengths

Description: Individual's capacities, coping skills (even if hidden), talents, successes, survival responses, values, motivations. Trauma-informed: centre the strengths (not just deficits); resilience is present even if not obvious.

Strengths: _____

17. DSM Diagnoses

Description: Based on assessment, list any formal diagnoses per the Diagnostic and Statistical Manual of Mental Disorders criteria (e.g., PTSD, depression, substance-use disorder, anxiety disorders). Trauma-informed: integrate trauma context, avoid pathologizing without context.

Diagnoses: _____

18. Goals

Description: What the person hopes to achieve (short-term and long-term). Goals should be collaboratively developed, meaningful, realistic, trauma-sensitive (e.g., increase safety, reduce distress, build relationships, enhance self-regulation, find meaning).

Client Goals: _____

Therapist/Intervention Goals: _____

19. Treatment Plan / Recommendations

Description: Detailed plan of intervention: therapeutic modalities (e.g., trauma-focused therapies, CBT, EMDR), frequency, provider(s), referrals (psychiatry, medical, substance use, vocational, legal), safety plan, support services. Trauma-informed: emphasise safety, collaboration, transparency, empowerment, cultural responsiveness, avoidance of re-traumatisation, build relational trust and resilience.

Plan & Recommendations: _____

Referrals/Next Steps: _____

20. Follow-Up

Description: When next contact will occur, what will be reviewed, how progress will be monitored, what measures/indicators will be used, contingency plans if risk increases. Trauma-informed: schedule consistent follow-up, reassure ongoing support, monitor trauma reactions over time, revisit safety plan.

Next appointment/date: _____

What to review: _____

Monitoring/Indicators: _____

Contingency/Safety plan: _____

Signature (Assessor): _____ **Date:** _____