



1. Personal information is provided by you as a Counsellee within our Counselling Ministry.
2. The personal data you have given will be kept confidential.
3. Under the provisions of the Ordinance, you have the right to request ICA to confirm that it holds your personal data, to be given a copy, and to apply for correction of the data, if deemed incorrect.

Date of Application: _____



CONFIDENTIAL PERSONAL INTAKE

Name: _____

Address: _____

Occupation: _____ E-mail: _____

Cell Phone _____ Business Phone: _____ Home Phone: _____

Sex: _____ Birth Date: _____ Age: _____

Marital Status: Single Going Steady Married Separated Divorced Widowed

Education (last year completed): _____ Grade: _____

Time Preferences: Office Hours Weekends Evenings
(last appt. at 6pm)

Language Preferences: English Cantonese Putonghua

RELIGIOUS PREFERENCE

Are you a member of ICA? No Yes

If no, what is your religious preference? _____

HEALTH INFORMATION

List all important present or past illnesses or injuries or handicaps:

Are you presently taking medication? No Yes What? _____

Have you recently suffered the loss of someone dear to you? No Yes

If yes, explain: _____

Are you currently seeing a counsellor or psychotherapist? No Yes

If yes, list the counsellor or therapist _____

Have you sought other professional mental health service in the past? No Yes If yes, give name(s) and professional title(s) of the therapist(s) and date(s) of treatment(s) and results.

Are you seeking counselling as a result of, in anticipation of, or in conjunction with any legal or court related issues, past, current, or pending?

Do any of the following apply to you:

Hopeless Anxious Panicky Problems with sleep Wanting to hurt self or others

Were you ever hospitalized for psychological problems? No Yes If yes, give date(s), place(s), problem(s).

Are you currently on any psychological medications? No Yes If yes, what? _____

Who is monitoring your medications? _____

Has any close relative attempted or committed suicide? No Yes If yes, share who and when.

Do you currently, or have you in the past, ever had suicidal feelings or attempted suicide? If yes, share when and how.

Do you have any drug or alcohol problems or a history of such problems? No Yes

Current Therapy Desires

What do you see as your chief problem you need to resolve?

Why are you coming now (i.e. instead of last month or next week)?

How do you feel about counselling (based on what you've heard or experienced)?

Is there anything else you would like for me to know? _____

Fee per 50 minutes session:

Intern (professional trainee) \$200

Professional

ICA member – \$500

Non-member – \$800

For those who may be in financial difficulties can apply for reduced rate.

Payment: _____

#ICA members are defined as persons having attended ICA regularly for at least 6 months.

Upon receipt of the Application forms, we will contact you to schedule an appointment. On the day of your appointment please bring cheque made payable to "ICA" or cash. Receipts will be provided upon request. For further enquiries, please contact us at ICA 2102 0998 or e-mail care.counselling.centre@icahk.org

Cancellation must be made 24 hours prior to your appointment.



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