

## CLIENT WELLBEING FORM

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Getting to Know You – EAP Clients

The following questions are required prior to our session to help me understand where you're at so we can make the most of the time we have together.

### Client Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Wellbeing Questions

1. What is your reason for seeking counselling?

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2. Have you attended counselling before?  Yes  No

3. Are you currently seeing a counsellor?  Yes  No

4. Have you ever been hospitalised for a mental health issue?  Yes  No

5. Are you presently off work?  Yes  No

6. For the past 30 days, how many hours has your personal concern caused you to miss work?

- No absence (0 hours)
- Less than half a day (<4 hours)
- Less than a full day (<8 hours)
- 1–3 days (8–24 hours)
- More than three days (25–160 hours)

7. My personal problems kept me from concentrating on my work:

- Strongly Disagree
- Somewhat Disagree
- Neutral
- Somewhat Agree
- Strongly Agree

8. I am often eager to get to the work site to start the day:

- Strongly Disagree
- Somewhat Disagree
- Neutral
- Somewhat Agree
- Strongly Agree

9. So far, my life seems to be going very well:

- Strongly Disagree
- Somewhat Disagree
- Neutral
- Somewhat Agree
- Strongly Agree

10. I dread going into work:

- Strongly Disagree
- Somewhat Disagree
- Neutral
- Somewhat Agree
- Strongly Agree

Email completed form to [robbiespencecounselling@fastmail.com](mailto:robbiespencecounselling@fastmail.com)