



Trauma-Aware ND Intake Form

A gentler, safer alternative to standard clinical intake

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

Clinical purpose

To gather essential information while:

- reducing nervous-system threat at first contact
- avoiding unnecessary disclosure pressure
- supporting ND clients who mask, freeze, or comply
- improving engagement, accuracy, and safety
- establishing consent, pacing, and choice from the outset

This form prioritises **access over completeness**.

Practitioner guidance (read first)

- This form can be completed:
 - in writing
 - together in session
 - over multiple sessions
- Clients may skip any question without explanation
- “I don’t know” and “not ready” are valid responses
- The goal is **safety and orientation**, not full history

State this explicitly before use.

Opening safety statement (client-facing)

This form is here to help us work together in a way that feels safe and supportive. You don’t need to answer everything. You can skip questions, pause, or change your mind at any time. We can come back to things later... or not at all.

Section 1. About You (Low Demand)

Name you’d like me to use: _____

Pronouns (if relevant): _____

Anything important I should know about how you prefer to communicate?
(e.g. slower pace, written summaries, time to think, minimal questions)

Section 2. What's Bringing You Here (Light Framing)

You don't need to tell the whole story.

In your own words, what made you reach out now?

What feels hardest at the moment?

(Choose any or leave blank)

- Overwhelm / burnout
- Emotional intensity or shutdown
- Relationships
- Work / study
- Sense of self
- Transitions or change
- Something else: _____

Section 3. Current Safety & Stability Check

(This is not a risk assessment... it's an access check)

Right now, would you say your nervous system feels mostly:

- Settled enough
- Activated / on edge
- Exhausted / flat
- Overwhelmed
- Not sure

Anything that helps you feel a bit safer when things are hard?

Section 4. Capacity & Pacing Preferences

When things feel too much, what usually happens for you?

(Tick any that fit)

- I shut down / go quiet
- I feel flooded or emotional

- I get agitated or restless
- I dissociate or feel unreal
- I mask or push through
- I'm not sure

What helps (even slightly) in those moments?

Section 5. Sensory & Environmental Considerations

Are any of these important for your comfort in sessions?

- Light sensitivity
- Sound sensitivity
- Need for movement
- Difficulty with eye contact
- Temperature sensitivity
- Fatigue / pain
- None / not sure

Anything you'd like adjusted where possible?

Section 6. Past Support (Optional, Non-Intrusive)

You only need to share what feels okay.

Have you had support before?

- Yes
- No
- Not sure

If yes, is there anything you'd like me to know about what helped or didn't help?

No need to describe trauma or diagnoses here unless *you* want to.

Section 7. Boundaries & Consent Preferences

It's helpful for me to know:

- I prefer to go slowly
- I may need time before answering
- I might not notice when I'm overwhelmed
- I'm okay being gently checked in with
- I prefer not to be interrupted
- Other: _____

If you become overwhelmed in session, what would feel most supportive?

Section 8. Hopes (Kept Light)

You don't need a clear goal.

Right now, what are you hoping this work might support?

It's okay if the answer is simply:

"I want things to feel less hard."

Section 9. Anything Else You Want Me to Know

This can be anything — or nothing.

Closing reassurance (client-facing)

Thank you for sharing what you have.
We'll take this at a pace that works for you.
Nothing here commits you to going further than feels safe.

Practitioner reflection notes (not client-facing)

After reviewing:

- Where did the client show ease vs hesitation?
- Any signs of high masking or compliance?
- Capacity level on arrival
- Pacing needs for early sessions
- Sensory or relational safety flags

Use this to **shape the work**, not label the client.

Scope & safety reminders

- This form does **not** replace:
 - safeguarding assessments
 - formal risk screening
 - diagnostic protocols
- It *does* improve:
 - engagement
 - trust
 - accuracy over time
 - nervous-system safety at entry

Clinical framing summary

A trauma-aware ND intake:

- gathers **less** upfront
- listens **more** carefully
- reduces early harm
- and creates better work conditions

Slower starts often lead to **deeper, safer therapy**.