

CLIENT INFORMATION AND CONSENT FORM

Name: Date:

Address:

Phone No: Mobile:

Email:

Main concern:

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Do you have a past history of, or are you currently suffering from any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High blood pressure / Low blood pressure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nervous disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Obsessive compulsive behaviours |
| <input type="checkbox"/> Current communicable disease (HIV/hepatitis) | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Physical injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychiatric donation |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Stress related illness |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Substance abuse |
| | <input type="checkbox"/> Trauma |

Do you suffer from any other major medical condition?

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Have there been any changes to, or concerns with:

- | | |
|--|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Communication with others | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Control of emotions | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Housing | |



Sessions:

I recommend that clients commit to at least six sessions. This of course may vary according to your own personal goals.

Fees:

Adults, couples, families:	\$130 for 1.5 hours or \$90 per 1 hour session
Children:	\$90 per one hour consultation
Parent Interview:	\$45 per half hour session

Late cancellations (less than 24 hours notice) will require payment of 50% of the scheduled fee. Forgotten appointments will require full payment.

Confidentiality

All personal information and notes gathered by the counsellor during the provision of the counselling service will remain confidential and secure, except when:

- It is subpoenaed by a court, or
- Failure to disclose the information would place you and/or another person at risk, or
- Your prior approval has been obtained to
 - Provide a written report to another professional or agency, eg. A GP or a lawyer; or
 - Discuss the material with another person, as agreed

Follow up

We recognize that, in some cases, clients do not wish to continue with counselling. If you decide that this service does not suit your needs, or if you feel you have achieved your immediate goal and do not wish to continue at this time, we would appreciate your feedback on the service received. You will be provided with a Feedback sheet or followed up with a phone call for this purpose.

Consent:

I have read the General Information about Cheryl Taylor and her approach to Counselling and I agree to engage her services as a Counsellor/Psychotherapist. I understand that my private information will be treated as confidential, except in circumstances indicated above.

I AGREE / DISAGREE to a follow up phone call /email from Cheryl Taylor to discuss my progress.

Name:

Signature:

