

Client intake form

1 Personal details

Name Contact number

Partner/spouse name Contact number

Address Postcode

Email

What is the best way to contact you? Phone Email
Date of birth Age Occupation

Person to be contacted in an emergency
Name Relationship to you Contact number

I acknowledge:

- The counselling process considers past and present circumstances, feelings, thought patterns and communication skills in order to work towards specific goals.
- The information disclosed in counselling will be treated as confidential, except where it becomes evident that a person is intending to harm themselves or someone else, or in the case where client notes may be subpoenaed.
- It is a requirement that your counsellor consults with a supervisor about all cases in order to assist with therapy, your confidentiality is maintained in this circumstance.
- Court reports are not available from this service.
- Fees are payable at the time of the session (cash or eftpos) unless otherwise arranged.
- If you are unable to attend at any time, please contact your counsellor to cancel your appointment.

2 Late notice fee/ refunds/ dispute resolution

Dispute resolution

Please provide a valid medical certificate if you wish to dispute your late notice policy fee or contact your counsellor Directly. If you have any concerns about the quality of therapy, please discuss this with your counsellor or the practice director on 0415 947 772 or email hello@propelcounselling.com

Late notice fee

If there is no way you can make a session and you need to change or cancel an appointment, please provide at least 48 hours' notice otherwise you will be charged 50% of the full cost of the session, if you do not provide 24hrs notice you will be charged for the full cost.

Credit card details

Details must be provided via this secure online form or over the phone

MasterCard Visa Debit Card

Credit card number Expiry date

Cardholders name Signature Date

OR I have or will provide credit card details over the phone

Continued over

3 Health details

Have you ever had a mental health diagnosis? Yes No
If yes, what was it and when was it diagnosed

Have you had counselling for this or other problems before? Yes No
Have you seen anyone else for this problem? e.g Family doctor Yes No
Are you taking medication for your mental health? Yes No
If yes, what medication and how much

Do you have any problems sleeping? Yes No
Do you currently experience chronic pain? Yes No
Do you currently experience anxiety, panic attacks or phobias? Yes No
How often do you drink alcohol to intoxication? What type of alcohol?

How often do you take drugs to intoxication? What type of drugs?

Have you struck, physically restrained or used violence against another person? Yes No
Have you ever experienced any traumatic or troubling events? Yes No
Have you ever had thoughts of harming yourself or anyone else? Yes No
If yes, please give details

Have you experienced any significant life changes or stressors recently? Yes No
If yes, please give details

Briefly describe the main problem/s you would like to address in therapy

4 Declaration

I have read, understood and agree to credit card authorisation and service conditions in this document

The personal information on this form is accurate and complete. I understand this service does not amount to giving advice and I hereby indemnify Propel Counselling and Lovina Triman, from any action taken by myself, subsequent to attending this service.

I have read, understand and agree to credit card authorisation and the service conditions in this document

Name

Signature

Date