



CHANEL DE WAAL
Counselling

Client Intake & Agreement Form

Client Name: _____
Email: _____
Phone Number: _____
Date of Birth: _____
ID Number: _____
Marital Status: _____
Home Address: _____
City State / Province: _____
Employment: _____

Clients Emergency contact details:

Name of emergency contact: _____
Relation to client: _____
Contact Number: _____
Email Address: _____

To enable me to get a better understanding of you and the assistance you may require, please fill out the sections below:

Reason for seeking counselling?

Have you seen a counsellor, psychologist, psychiatrist or other mental health professional before?

Please tick the below should you have any of the below symptoms:

- Anger or hostile feelings
- Anxiety and fears
- Sadness or Low Mood
- Family issues
- Physical distress
- Relationship/marital concerns
- Traumatic experiences
- Social conflicts
- Suicidal feelings or behaviours
- Self-esteem or confidence
- Work or career concerns
- Sexual Concerns

Medical History

Please specify any medical or health issues:

Do you smoke? *If yes - Frequency:* _____

Do you use alcohol? *If yes - Frequency:* _____

Average hours of sleep per night? _____

Are you currently taking prescription medication?

Family history of physical or mental health issues?

Your signature below indicates that the information you have provided above is truthful and understood.

Client Signature

Counselling Guidelines

As a Therapeutic Counsellor I value the relationship with my clients and believe that such relationship is the foundation of the healing process.

I believe in a Holistic approach to Mental health. This is focusing on all aspects of life, healing, nutrition, pharmacology and social relationships.

Please note to below Counselling policies pertaining to my Practice:

I cannot diagnose nor write a sick note for absenteeism, however I can confirm you as the client is attending sessions on request.

You as the client may cease counselling anytime, without any impediment.

Please ensure during the time allocated for the session, you are in private area without disruptions so we may proceed with the one on one session.

Scheduling of the sessions will be done at the end of each session.

Payment Information

Sessions are 60 Minutes each at the cost of R480 per session.

An invoice will be sent when a session is booked with the payment information for the EFT to be made.

Each session is to be paid for prior to the session commencing.

Sessions can be paid for in bulk, clients will then receive a 10% discount on 8 or more sessions.

Sessions are once a week, but extra sessions can be booked for if needed.

Cancellation Procedure

Should you be unable to attend a booked session, please send me an email at least **24 hours** prior to session so we may reschedule.

I as the counsellor will wait 15 minutes past the start time of the session for the client to arrive, further than that the session will be cancelled and can be rescheduled for a later date.

Unfortunately should there be a repeat of more than two sessions where the client does not attend, the sessions will need to be terminated and the client may rebook with the counsellor at a later stage.

Age

Should the client be under the age of 18, parental consent from both parents will be needed.

Confidentiality Agreement

Informed consent

Counselling is a relationship between two people that works in part because of the clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counsellor, have corresponding responsibilities to you.

Right to confidentiality

Within limits provided for by law, all that is discussed in session and relevant information acquired by the counsellor **shall be kept strictly confidential**. No information will be shared or revealed to any person, agency, or organization without the prior written consent of the client.

Limits to confidentiality

However, please note the limitations to confidentiality that should there be a risk of harm to the client or a risk to harm of others, this confidentiality can then be breached.

Your session may be discussed among supervisors within the practice but no identifiable descriptive attributes of clients will be given.

Referrals

If client has a particular concern needing a specialized treatment approach the counsellor has the right to refer the client to another specialist in the field for the client to receive the best help possible, which will be discussed and decided with the client.

Acknowledgement

I hereby indemnify the undersigned Counsellor, from any claims that may arise due to any loss or damage to me and/or my family and/or my property during and after services delivered.

I have reviewed this Counselling Informed Consent Agreement and I likewise understand my Client's Rights set in this form and confirm all information given is accurate.

Client Signature