

## NEW CLIENT INTAKE FORM

Please fill in the form below (3 pages) and send to [eve@contradictingconvention.com.au](mailto:eve@contradictingconvention.com.au) at least one day before your appointment.

Name

Full Name

Email

example@mail.com

Date of Birth

Day/Month/Year

Occupation

Relationship Status

Gender

Male

Female

Mobile Phone Number

Address

Street Address

City/Suburb

State

Post Code

Parent/Guardian (of a child)

Your Full Name if the Client is a Child

In Case of Emergency Contact

Full Name and Phone Number

Have you had any sessions with a Psychologist/Counsellor/Psychiatrist prior to coming today?

Yes

No

If yes, when was your last visit?

What diagnosis did a Psychologist/Psychiatrist give you?

Are you currently on any mental health related medications ? If yes, please specify

What is your area of difficulty (please tick appropriate boxes)? This information will help your counsellor understand your needs.

- |                          |                           |                          |                     |                          |                       |
|--------------------------|---------------------------|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Depression                | <input type="checkbox"/> | Grief and Loss      | <input type="checkbox"/> | Post Natal Depression |
| <input type="checkbox"/> | Anxiety                   | <input type="checkbox"/> | Relationship Issues | <input type="checkbox"/> | Post Traumatic Stress |
| <input type="checkbox"/> | Stress (work/personal)    | <input type="checkbox"/> | Family issues       | <input type="checkbox"/> | Eating Disorders      |
| <input type="checkbox"/> | Panic Attacks             | <input type="checkbox"/> | Parenting Issues    | <input type="checkbox"/> | Anger                 |
| <input type="checkbox"/> | Obsessive Compulsive      | <input type="checkbox"/> | Sleeping Issues     | <input type="checkbox"/> | Abuse                 |
| <input type="checkbox"/> | Addiction (alcohol/drugs) | <input type="checkbox"/> | Sexual Issues       | <input type="checkbox"/> | Smoking               |

**Purpose of holding information for counselling services:**

As part of providing a counselling service to you, your counsellor will need to collect and record personal information from you that is relevant to your current situation. It is important for your counsellor to collect this information as it forms a necessary part of the counselling assessment and treatment that is to be conducted.

**Request for access to client information:**

At any stage you may access the material recorded in your file, subject to the exceptions as stated in the Privacy Amendment Act 2000 (National Privacy Principal 6), which includes that your request must be serious in nature, i.e. "the request must not be frivolous or vexatious". Any request to access your information must be lodged with your counsellor. Your request will then be responded to within 7 days and an appointment made for clarification purposes at the cost of a standard consultation.

**Confidentiality:**

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

1. It is subpoenaed by the court;
2. Failure to disclose the information would place you or another person at risk;
3. Your counsellor may seek supervision with regard to your situation, as is a requirement for counsellors in VIC. In these cases, your personal details are not disclosed, and the supervisor holds the same level of confidentiality as your counsellor.
4. Your prior approval has been obtained to:
  - a. Provide a written report to another professional or agency (e.g. a GP or Lawyer)
  - b. Discuss the material with another person (e.g. a parent or employer)

**Other:**

Your counsellor does not provide a crisis or emergency service.  
Court reports are not available from this counselling service.

**Fees:**

The cost of 1 hour consultation is \$110.00. Fees are payable at the time of the session (cash or eftpos) unless otherwise arranged.

**I, (print name in block letters) \_\_\_\_\_, have read and understand the above consent form. I agree to these conditions for the counselling service provided by my counsellor at Contradicting Convention.**

**Signature \_\_\_\_\_**

**Date \_\_\_\_\_**

**Client /Parent /Guardian**