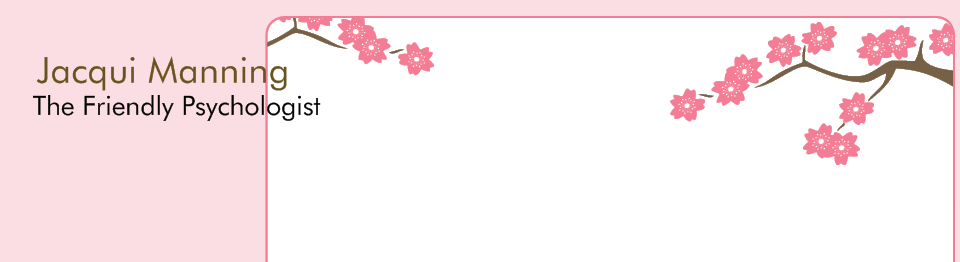
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**CLIENT INFORMATION FORM**

**CONFIDENTIAL**

**Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(wk)\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mob)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever seen a Counsellor / Psychotherapist / Psychiatrist before? Y / N**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find out about Jacqui (e.g.: referral, brochure, media)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the main reason you have come here today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Confirmation of Appointments**

We all have busy lives and many responsibilities so Jacqui has a policy of confirming all scheduled appointments by SMS or phone.

If you do not show to a confirmed appointment, or cancel on the day the full (or part thereof) fee may be charged to cover costs [Minimum charge will be $50].

However if you are sick, we welcome a cancellation (even on the same day) in respect of everyone’s health. Thanks for your understanding.

**Jacqui Manning ~ The Friendly Psychologist**

**133 Catherine Street, Leichhardt, NSW, 2040**

**Tel: 02 9555 8806**

**ABN 701 08837350**

**CLIENT AGREEMENT**

**Fees**

Fees are payable at the end of each session by cash, cheque, eftpos or credit card (Bankcard, Mastercard or Visa only).

**Appointments**

Cancellation/re-scheduling of an upcoming appointment is required **at least 24 hours in advance**, otherwise the full fee (or part thereof) may be charged to cover costs and to compensate for a lost appointment time.

However if you have an illness and need to cancel within 24 hours, we welcome this because it is best for everyone’s health if you re-schedule.

**Confidentiality**

At all times it will be undertaken to treat all details of your session and anything you may disclose as confidential. In some instances, counsellor/therapists have to break confidentiality if an assessment is made that a client is in danger of harming themselves or another, or that there is a report of child abuse. These matters are discussed between therapist and client.

If you are a client of another practitioner at Darling Street Health Centre it may be beneficial to discuss details with them, in which case a separate form will be provided to you to give consent to share what is deemed relevant information by you and Jacqui.

**Professional Development**

To provide you with the most effective therapy or counselling and as part of your therapist/counsellors ongoing professional development she/he would like your permission to consult with other suitably qualified professionals with regard to the work you are doing together. On such occasions, names and other identifying details will not be disclosed – anonymity is assured.

If you give your consent for your counsellor/therapist to consult with other professionals in this way, simply sign below.

If you are not comfortable with this, please strike your pen through this paragraph before signing.

**Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the terms and conditions of this Agreement.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

(client)

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

(counsellor/therapist)

