

# COUNSELLING INTAKE FORM



## CLIENT DETAILS

Title

Pronouns

Given names

Surname

## CONTACT DETAILS

Street name

Suburb

State

Postcode

Mobile

Email

If unsafe to contact you via this mode, place X in the box:

Email

Mobile call

SMS

## PERSONAL DETAILS

Date of birth

Age

Birth country

Ethnic background

Year of arrival

Occupation

Any children? (name, age)

Marital status: Single

Married

Divorced

Separated

Widowed

Who is in your family or origin?  
Please list yourself with any  
siblings in birth order.

## EMERGENCY CONTACT

Name

Surname

Contact number

Relationship to you

**GP DETAILS** as second emergency contact

Name of practice

GP name

Contact number

## MEDICAL HISTORY

Specify any medical or mental health diagnoses  
(N/A if non-applicable)

Have you made any past attempts of suicide?

Yes

No

**\*\* If yes, please tell your counsellor in the first session**

Is there a family history of mental illness, substance abuse or suicide?

Yes

No

Please specify any current addictions  
N/A if non-applicable

ADDITIONAL INFORMATION (Please keep responses to 4-5 short sentences or points)

What made you decide to come to counselling now?

What experiences, symptoms, or problems are your main concern?

What do you expect from counselling? What are your goals?

How did you hear about us?

## **PRIVACY AND CONFIDENTIALITY**

The following points summarises our privacy and confidentiality procedures: These procedures are as required by the Privacy Amendment Act (2001). Please read this carefully and if you have any concerns, please discuss this with your counsellor before signing the counselling agreement form.

### Confidentiality Protocols

All personal information gathered by the counsellor will remain confidential and be kept secure in locked filing cabinets and/or password protected electronic files which are accessible only to The Crossing Counselling Services. Possible exceptions to confidentiality may occur in the following circumstances:

- If your counsellor learns that a child is being harmed, or is at serious risk of harm or neglect they will contact the appropriate authorities (as is required by law).
- If your counsellor has reason to believe that you may be in danger of physically hurting yourself or somebody else, then other people (such as family, emergency services or friends) may need to be involved in order to keep you safe or to keep other people safe.
- In order to comply with professional and ethical requirements, counsellors receive supervision by senior colleagues. In these cases your personal details are not disclosed, and supervisors maintain the same level of confidentiality as your counsellor.
- In the rare event that information about you may be subpoenaed by a court.

If any of these circumstances do arise, your counsellor will endeavour, where possible, to discuss with you regarding the need to breach confidentiality.

## **COUNSELLING AGREEMENT**

### Session Times

The duration of counselling sessions for individuals will run for 55 minutes, and 1 hour for couples.

### Fees and Payment

**Fees for the first session are due at the time of booking and are required to secure the booking. I reserve the right to cancel the booking if payment is not received within 3 days.**

Fees for subsequent sessions will be due before each session by bank transfer. Invoices will be emailed 1-2 days before each session.

### Late Attendance to Session

Should you be running late to attend a session, please call or SMS to advise us of your expected time of arrival. If you arrive late the session will still need to conclude at the original time. Your time will not be able to be extended to allow for your late arrival due to other client sessions. If you arrive more than 15 minutes late without notice, we reserve the right to cancel the session. The full fee of the session will still be required in all the above circumstances.

### Reschedule and Cancellation Policy

As the client, you are responsible for keeping track of appointments and contacting me as soon as possible if you are unable to attend your scheduled appointment. **If for some reason you need to postpone or cancel an appointment, please provide at least 36 hours. Failure to do so will incur the full fee.** You can reschedule or cancel your appointment using the links in the confirmation email when you made the booking.

If you are unable to attend due to a sickness or non work-related emergency that arises within 36 hours, please get in touch ASAP by email, SMS or phone call. You are entitled to one free cancellation per calendar year in these circumstances, thereafter the standard cancellation procedures above apply. Please note that late cancellations due to change in work commitments will not be considered as reasonable grounds for non-payment of the cancellation fee. I reserve the right to decline further bookings due to failure to oblige to this policy.

In the event of continual appointment cancellations, full payment will be required upfront at the time of booking. This is to safeguard the accessibility of counselling services for others. Should there be extenuating circumstances, please contact us to discuss further.

### Change of Details

If your personal details change during the course of our relationship, please inform us of your new details as soon as possible.

### **CONSENT AND AGREEMENT**

I have read and understood the above document. I accept the information provided and agree to these conditions for the provision of counselling services provided by Jessica Joseph, The Crossing Counselling Services.

Client Full Name

Client Signature

Date

Please email completed form to [jess@thecrossingcounselling.com.au](mailto:jess@thecrossingcounselling.com.au)

**\*Bookings are tentative and counselling will not commence if form is not received in 3 business days of making the booking\***

## **TELEHEALTH (ONLINE COUNSELLING) CONSENT (IF APPLICABLE)**

You are responsible for the costs associated with setting up the technology you need in order to access the telehealth services. The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information The Crossing Counselling Services uses Zoom which is compliant with the Australia standards for online security and encryption, or where applicable, your Employee Assistance Program (EAP) secure video conferencing interface.

A telehealth consultant may be subjected to limitations such as unstable network connection which may affect the quality of the session. In addition, there may be some services for which telehealth is not appropriate or effective. In these cases, your counsellor will consider and discuss with you the feasibility of ongoing telehealth services.

### Important considerations

- **Time:** Please ensure you have enough uninterrupted time for a normal length session (1 hour). Be prepared to allow extra time for setting up and logging into the meeting on time, especially the first time.
- **Space:** Choose a space where you feel safe and comfortable and where you can attend the session uninterrupted by people and noise (try not to use your bed, as tempting as that is!). Ensure there is good lighting so we can see each other clearly.
- **Internet/Phone connectivity:** You will require reliable and secure Internet connectivity. For phone counselling, please ensure you have good mobile reception.
- **Device:** You will need device like laptop, iPad or desktop computer. Try not use your phone for video counselling, as the screen is too small.
- **Sound:** Please ensure you have a working in-built microphone and camera on your device. A headset with a microphone should also work fine.
- **Program:** Please download and register for the application that is required for the meeting. If you are using Zoom, the link will be sent in the booking confirmation email. You will need to click on the link to open either your browser or application to attend the meeting.

### **Consent to receive support services by telehealth**

I have been provided with information about the service including limitations to privacy and confidentiality and I agree that in circumstances where the therapist is concerned about my welfare and is unable to contact me, permission is provided for the therapist to contact the appropriate people.

Client full name

Client signature

Date