



WELLNESS & CO.

C O U N S E L L I N G S E R V I C E S

Please provide the following information and answer the questions below.

Please note: All information provided is protected and confidential.

Counselling Intake and Consent Form			
Client 1		Client 2	
Full Name		Full Name	
Date of Birth		Date of Birth	
Marital Status		Marital Status	
Employment Status		Employment Status	
Contact Details			
Primary contact number		Primary contact number	
Email address		Email address	
Home Address		Home Address	
Suburb		Suburb	
State		State	
Postcode		Postcode	
Referred by		Referred by	
Dependants (under the age of 18)			
Name (Dependant 1)		Name (Dependant 2)	
Date of Birth		Date of Birth	
School		School	
Mobile or email		Mobile or email	
Previous Support			
Have you received any type of mental health support?	YES / NO	Have you received any type of mental health support?	YES / NO
List any prescriptions medications.		List any prescriptions medications.	
Name of GP		Name of GP	
Principal Diagnosis		Principal Diagnosis	
Risk Assessment			
Are you experiencing current thoughts of suicide or self-harm?	YES / NO	Are you experiencing current thoughts of suicide or self-harm?	YES / NO
Are you experiencing risk of Domestic/Family Violence?	YES / NO	Are you experiencing risk of Domestic/Family Violence?	YES / NO



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Can you maintain your safety?	YES / NO	Can you maintain your safety?	YES / NO
General Health			
List any specific health problems you have		List any specific health problems you have	
Do you drink more than once a week?	YES / NO	Do you drink more than once a week?	YES / NO
How often do you engage in recreational drug use? DAILY/WEEKLY/ MONTHLY/OCCASIONALLY/NEVER		How often do you engage in recreational drug use? DAILY/WEEKLY/ MONTHLY/OCCASIONALLY/NEVER	
What significant life changes or stressful events have you experienced recently?		What significant life changes or stressful events have you experienced recently?	

First session: Please allow one hour for the first session. Subsequent sessions will usually be 50 minutes, unless, otherwise agreed upon prior to commencing the session. It is important to arrive on time for your appointment, to get the most out of your session. If you are 15 minutes late to your appointment it will be defined as a no show and full cost of the session applies.

Privacy Policy: During consultations, personal and health related information is collected for administrative and professional purposes by Wellness & Co. Counselling Services. We are required to retain this information and maintain confidentiality as far as possible. In some circumstances, Wellness & Co. Counselling Services may be required or entitled to disclose personal information obtained. Please review the Privacy Policy on the website: <https://wellnessandco.com.au/privacy-policy>

Fees and Cancellations: A 50% booking fee will be obtained for each scheduled session. Full payment is expected at the end of each session by credit card. Sessions that go over the 50 minutes may incur a fee which is calculated at \$25 for every 15 minutes over time. Cancellations made within 4 days of the scheduled appointment are charged at the full cost of the session. No shows are charged at the full cost of the session. The cancellation policy will also apply to late reschedules. A credit or debit card is required to secure appointments and are stored securely on your file. Late Payments will incur a late payment fee of \$25.

I _____ & _____ (Print name/s) declare that the information provided is true and correct. I have read and understood the above information and the privacy policy listed on the Wellness & Co. Counselling Services website. I consent to Wellness & Co. Counselling Services providing a counselling service to me/persons listed above, based on that information, collecting health and personal information about me/us. I consent to Wellness & Co. Counselling Services using and disclosing information as deemed appropriate and agree to the terms and conditions:

<https://wellnessandco.com.au/terms-and-conditions>

1. Client signature: Date:

2. Client signature: Date: