**Client Intake Form**

**Welcome**

Welcome to Luna Cycle Counselling. In order to help your counsellor, prepare for your session please complete the following form. If you have any questions or are unsure what to write, please let your counsellor know.

**About You**

First Name: Last Name:

Date of Birth: Date of First Appointment:

Home Phone: Mobile:

Email:

Address:

Emergency Contact Name:

Emergency Contact Phone:

**Payment Information**

Payment is required prior to, or on the day of the appointment unless otherwise arranged and can be made by credit card, EFTPOS, bank transfer or PayPal.

**Bank Deposit:**

Account name- LOLA ANNE OLIVER T/AS LUNA CYCLE COUNSELLING

BSB- 012477

Account number- 324736428

**PayPal:** Paypal.me/lunacyclecounselling

**Credit Card details:**

Name:

Number:

Expiry Date:

CVC:

**Referral Details**

Do you have a Referral letter from your doctor? Y N

How did you hear about this service?

**Presenting Issues**

Please briefly describe the reason for your visit:

How long has this been a problem?

What have you already tried to fix it / reduce it / improve it?

**Cancellation Policy**

Thank you for respecting our time as we respect yours. Our cancellation policy states that your credit card will be charged **the full fee** for your session for no shows on the day.

If cancelled within 24 hours of the session, you do have the option to reschedule.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood this Intake Form and agree to the above conditions and terms of service.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If client is under 18 years of age:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provide consent for the exchange of verbal and written correspondence

about my child’s service at Luna Cycle Counsellingbe provided to:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Luna Cycle Counsellingto support you in your journey. If you have any questions, please do not hesitate to speak with your counsellor.