



CAYTE MOCADAM
PERSONAL CONSULTANT

TELEMENTAL Health CLINIC

Client Form

Counseling Plan & Client Agreement

Name or Nick name

Date of Birth

Gender - M F

City -

Phone

Email -

Personal Status Married Single Divorced

Other Children -

Favorite colors -

Favorite number -

Drink -

Smoke -

Drugs -

Fears/phobias -

Occupation -

Do you enjoy your work? -

Medical history -

Current medication? -

Health concerns? -

Are you being treated by a psychologist/psychiatrist

Symptoms

- Decrease in energy
- Excessive guilt
- Panic attacks
- Worrying
- Cruelty
- Loss of pleasure
- Depressed mood
- Anxiety
- Sleep disturbance
- Poor concentration Indecisive
- Mood swings
- Eating disturbance Impulsivity



TELEMENTAL Health CLINIC

Rules & Regulations

Counseling Plan & Client Agreement

APPOINTMENT CANCELLATION AGREEMENT

We understand things come up, and you may need to miss your appointment. If you need to reschedule or cancel any appointments, our team requires 48 business hours notification (Monday- Friday 8:00am to 5:00pm UAE time).

This policy is to give time to schedule another client in that time slot, if you are unable to attend.

- **If an appointment is cancelled or unattended on the same day, session will be considered completed and deducted from your program (considered attended).**
- **The only time we charge a 30% fee is in case of an emergency**
- **Please understand that we set aside this time for you.**

APPOINTMENT PUNCTUALITY

Please give 5-7 minutes for your therapist to join the meeting, Your therapist might be a bit late closing a session and will join you shortly.

Please be on time, If you are more than 15 minutes late, this will count as a non-attendance. Some of the sessions will be postponed in case of urgency.

CONFIDENTIALITY

All contact, including in-person sessions, telephone conversations and emails, will be conducted in confidence and some may be recorded for your use and in specific circumstances.

Prior to any recording, your agreement will be sought. All recordings, conversations and notes will remain confidential.

After one violation of this agreement, services at this office will be terminated.

**NOTE - Each session lasts for 45 minutes (60 minutes if required)
Each program is customized and tailored upon each clients needs.
Payment is none refundable.**

I am aware and responsible for the safety of the brain activity during the session.
I have the full right to work on two main emotional requests in one session, in order to get the best result.