



CAYTE MOCADAM
PERSONAL CONSULTANT

Client Form

Cayte Mocadam Consultancy Counseling Plan & Client Agreement CM

First Name - _____

Date of Birth - _____

Gender - M F

Address - _____

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 - _____

Are you being treated by a physician? - Yes No

For what? - _____

Current medication? - _____

Health concerns? - _____

Are you being treated by a psychologist/psychiatrist - Yes No

For what? - _____



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Check the symptoms below -

- Decrease in energy
- Restlessness
- Hopelessness
- Excessive guilt
- Panic attacks
- Cruelty
- Loss of pleasure
- Depressed mood
- Anxiety
- Sleep disturbance
- Withdrawn
- Oppositional
- Poor concentration
- Indecisive
- Mood swings
- Violation of rules
- Legal problems
- Irritability
- Helplessness
- Eating disturbance
- Impulsivity
- Worrying



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Rules and Regulation

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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).
- Please understand that we set aside this time for you.
- This policy is to give time to schedule another client in that time slot, if you are unable to attend. If you fail to cancel within the 48 hours prior to your appointment a 30% fee will be charged to the credit card you provide below or the credit card on file. After one violation of this agreement, services at this office will be terminated.

APPOINTMENT PUNCTUALITY

- Please be on time, If you are more than 15 minutes late, this will count as a non-attendance.
- However, the therapist has the right to be late, depending on the procedure of the previous appointment.
- Some of the sessions will be postponed if urgency is needed.

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.
- Any contact between sessions will be by phone Between Session Contact Text during office hours only (Monday-Friday, 9:00am-5:00pm)

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.