

WR COUNSELLING AND WELLNESS
CLIENT INTAKE FORM



CLIENT INFORMATION AND CONSENT

DATE: _____ / _____ / _____

CLIENT INFORMATION

Name: _____ Email: _____
Phone Number: _____ Date of Birth: _____ / _____ / _____
Home Address: _____
City: _____ Province: _____ Postal Code: _____
Gender: Male Female Other Preferred Contact Method: _____

EMERGENCY CONTACT

Name: _____
Phone Number: _____ Relationship: _____

BUSINESS/SERVICE DETAILS (IF APPLICABLE)

Company Name: _____
Job Title/Role: _____ Reason for Inquiry / Services Needed: _____

BACKGROUND INFORMATION

Have you ever been for counselling? Yes No
How did you hear about us? Referral Website Social Media Other: _____

GOALS / EXPECTATIONS

Please describe your main goals, challenges, or concerns:

Terms and conditions: Sessions are 45–50 minutes in duration. Cash practice rates are R650 per individual session and R750 per couples session, according to approved medical scheme tariffs. Clients are responsible for submitting claims directly to their medical aid. Payment must be made via EFT; invoices are issued monthly and must be settled within 3 days of receipt. Scheduled feedback sessions are charged at medical aid rates. The first session is dedicated to building rapport, understanding the client’s needs, and creating a safe and supportive space for the therapeutic process. Appointments cancelled less than 24 hours in advance may be charged at full cash rates. The personal information submitted herein shall be solely used for therapy and billing purposes.

CONSENT & AGREEMENT

I hereby confirm that the information supplied is true and accurate, and I consent to participate in counselling sessions.

Client Signature: _____ Date of Birth: _____ / _____ / _____