

Thank you for choosing Haven Therapy Co. This form helps us understand your needs and ensures we can provide safe, appropriate, and effective counselling support.

Please complete this form as accurately as possible. All information provided is treated confidentially in accordance with our Privacy & Confidentiality Policy.

Section 1: Client Information**Full Name:** _____**Preferred Name:** _____**Date of Birth:** _____**Gender:** _____**Pronouns (Optional):** _____**Address:** _____**Phone Number:** _____**Email Address:** _____**Occupation / Study:** _____**Relationship Status:** _____**Emergency Contact Name:** _____**Relationship to You:** _____**Emergency Contact Number:** _____**Section 2: GP & Health Information****GP Name:** _____**Clinic Name:** _____**GP Contact Number:** _____

Do you consent to Haven Therapy Co contacting your GP if clinically necessary?

Yes No

Section 3: Presenting Concerns

What has brought you to counselling at this time?

What would you like support with?

Anxiety Depression ADHD / Executive Functioning Trauma Emotional Regulation Stress / Burnout Relationships Self-Esteem Grief & Loss Parenting Life Transitions Work / Study Challenges Other:

What are your goals for counselling?

Section 4: Mental Health & Medical History

Have you previously accessed counselling, psychology, or mental health support?

Yes No

If yes, please provide brief details:

Have you ever been diagnosed with any mental health conditions?

Yes No

If yes, please specify:

Do you currently take any medications?

Yes No

If yes, please list:

Do you have any relevant medical conditions we should be aware of?

Yes No

If yes, please provide details:

Section 5: Risk & Safety

Are you currently experiencing any of the following?

Thoughts of self-harm Thoughts of suicide Recent suicide attempts Risk of harm from another person Domestic or family violence concerns None of the above

If you would like to provide further information:

Section 6: Lifestyle & Supports

Who are your main supports?

How would you describe your current stress levels?

Low Moderate High Extremely High

How are you currently coping?

Section 7: Telehealth Consent

For telehealth sessions:

- I understand telehealth sessions are conducted using secure online platforms.
- I understand that while reasonable safeguards are used, no electronic system can be guaranteed to be completely secure.
- I agree to attend sessions from a private and safe location where possible.

I consent to participate in telehealth counselling sessions.

Section 8: AI-Assisted Clinical Documentation Consent

Haven Therapy Co may use Heidi Health, an AI-assisted clinical documentation platform, to support accurate and efficient note-taking.

- Session audio is processed securely to generate transcripts and assist in preparing clinical notes.
- Audio is not retained after transcription is completed.
- All AI-generated documentation is reviewed, edited, and approved by your practitioner.
- Heidi Health is used solely to assist with documentation and does not make clinical decisions or provide treatment recommendations.
- You may decline or withdraw consent at any time without affecting your access to counselling services.

I consent to the use of AI-assisted clinical documentation.

I do not consent to the use of AI-assisted clinical documentation.

Section 9: Privacy & Confidentiality

All information shared with Haven Therapy Co is treated confidentially and managed in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Information may only be disclosed without consent where:

- There is a serious risk of harm to yourself or others
- A child or vulnerable person is at risk of harm
- Disclosure is required by law, subpoena, or court order
- Mandatory reporting obligations apply

Further information is available in our Privacy & Confidentiality Policy.

Section 10: Fees & Cancellation Policy

Clients are responsible for payment of session fees at the time of appointment unless otherwise arranged.

Cancellation Policy:

- A minimum of 24 hours' notice is required to cancel or reschedule appointments.
- Late cancellations or missed appointments may incur the full session fee.

I have read and understand the cancellation policy.

Section 11: Consent to Services

I acknowledge that:

- I understand the nature and purpose of counselling services.
- I understand that counselling outcomes cannot be guaranteed.
- I understand that I may withdraw from counselling at any time.
- I have had the opportunity to ask questions.
- I consent to participate in counselling services provided by Haven Therapy Co.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____