

Thank you for choosing Haven Therapy Co. This form is designed to help us understand your relationship, individual concerns, and goals for counselling so we can provide safe, supportive, and effective services.

Please complete this form together where possible. Some sections may be completed individually if preferred.

All information provided is treated confidentially in accordance with our Privacy & Confidentiality Policy.

Section 1: Client Information**Partner 1****Full Name:** _____**Preferred Name:** _____**Date of Birth:** _____**Phone Number:** _____**Email Address:** _____**Occupation:** _____

Partner 2**Full Name:** _____**Preferred Name:** _____**Date of Birth:** _____**Phone Number:** _____**Email Address:** _____**Occupation:** _____



Shared Information**Home Address:** _____
_____**Relationship Status:** _____ Married De Facto Dating Separated Engaged Other:
_____**Length of Relationship:** _____

Do you currently live together?

 Yes No

Do you have children together?

 Yes NoIf yes, please provide ages:

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship to You: _____
_____**Section 2: Relationship History & Presenting Concerns**What has brought you to couples counselling at this time?

What concerns would you like support with?

 Communication Difficulties Conflict Resolution Emotional Distance Trust Issues
 Infidelity / Betrayal Parenting Challenges Intimacy Concerns Stress / Burnout
 ADHD / Neurodivergence in Relationship Mental Health Impacts on Relationship
 Separation / Relationship Uncertainty Blended Family Challenges Financial Stress
Other: _____

What are your goals for counselling?

Section 3: Individual Mental Health & Medical Information**Partner 1**

Have you previously accessed counselling or mental health support?

Yes No

Do you currently have any diagnosed mental health conditions?

Yes No

If yes, please provide details:

Do you currently take any medications relevant to your mental health?

Yes No

If yes, please provide details:

Partner 2

Have you previously accessed counselling or mental health support?

Yes No

Do you currently have any diagnosed mental health conditions?

Yes No

If yes, please provide details:

Do you currently take any medications relevant to your mental health?



Yes No

If yes, please provide details:

Section 4: Relationship Safety & Risk Screening

It is important that counselling is conducted in a safe and supportive environment.

Please indicate whether any of the following are currently relevant within the relationship:

Verbal aggression Emotional abuse Coercive control Physical violence Sexual coercion Substance misuse concerns Threats or intimidation Self-harm concerns Suicidal thoughts or behaviours None of the above

Would either partner prefer to discuss any concerns privately with the counsellor?

Yes No

If yes, the counsellor may arrange an individual check-in where clinically appropriate.

Additional information:

Section 5: Counselling Expectations & Consent

Couples counselling involves working collaboratively with both individuals in the relationship. The therapist's role is to support communication, understanding, emotional safety, and relationship goals.

Please note:

- The therapist does not take sides or determine who is "right" or "wrong."
- Counselling outcomes cannot be guaranteed.
- At times, individual sessions may be recommended where clinically appropriate.
- Information disclosed individually may be relevant to the couples counselling process.
- If ongoing secrets significantly impact therapy, the therapist may discuss how this is managed within treatment.

Section 6: Telehealth Consent

For telehealth sessions:

- We use secure and encrypted online platforms.
- While reasonable safeguards are used, no electronic system can be guaranteed to be completely secure.
- Both partners are encouraged to attend sessions from a private and safe location where possible.

We consent to participate in telehealth counselling sessions.

Section 7: 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.

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

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

Section 8: Privacy & Confidentiality

All information shared during counselling 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

Please note that couples counselling records are generally considered part of a shared clinical record.

Further information is available in our Privacy & Confidentiality Policy.

Section 9: 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.

We have read and understand the cancellation policy.

Section 10: Consent to Services

We acknowledge that:

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

Partner 1

Name: _____

Signature: _____

Date: _____

Partner 2

Name: _____

Signature: _____

Date: _____