



NEW CLIENT FORM

Date: _____
Pronoun: _____ Preferred name: _____ Phone Number: _____
First Name: _____ Middle Name: _____
Last Name: _____ Date of Birth: _____
Email: _____ House/Unit Number: _____
Street: _____ Suburb: _____
Postcode: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Phone Number: _____
Relationship to you (e.g., mother, father, friend): _____

ABOUT YOU

Sa Reay Counselling specialise in Outdoor Therapy and would love to know your reason/s for accessing our services:

Please tick any/all applicable to you

- I find it too confronting to sit across from someone in an office setting
- I love the idea of movement during a session
- I have tried office-based therapy and it just wasn't for me
- I can't keep still and don't like to remain seated for long
- I get anxious / nervous /overwhelmed in an office
- I want to deal with a fear in the outdoors such as fear of crowds, social anxiety, spiders etc.
- I need support to go for a walk and/or to be around others
- Other

Are you aware of any medical conditions that may impact on your outdoor session? Yes / No
If you answered 'yes' to the above question, please provide details:



Please tick what best describes your reason for seeing a Therapist

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> I want to be more confident | <input type="checkbox"/> I want to feel better | <input type="checkbox"/> I want to stop a habit | <input type="checkbox"/> I want to improve my self-esteem |
| <input type="checkbox"/> I want to improve my mood | <input type="checkbox"/> I have lost someone I love | <input type="checkbox"/> I want to deal with my past | <input type="checkbox"/> I want to improve focus |
| <input type="checkbox"/> I need to stress less | <input type="checkbox"/> I want to improve my relationship | <input type="checkbox"/> I want to slow down my thoughts | <input type="checkbox"/> Other: _____ |

PLEASE ANSWER THE FOLLOWING QUESTIONS

QUESTION	YES/NO/UNSURE	ADDITIONAL INFORMATION
Have you previously seen a counsellor, psychologist, or therapist? If so, what was this for?		
Do you feel it was successful? Why/Why not?		
Are you involved in any court proceedings, or do you require a legal report?		
Do you use drugs?		
Have you ever experienced any form of domestic violence?		
Have you been convicted of any crimes involving violence?		
Is there any previous mental health hospitalisation or issues that we should be aware of?		



PRIVACY AND CONFIDENTIALITY

Therapy Service

As part of providing a therapeutic service to you, Sa Reay Counselling will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the therapeutic assessment and treatment that is conducted. You do not have to give all your personal information, but if you don't, this may mean the therapeutic service may not be able to be provided to you.

Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the client's condition and is seen only by the therapist. The information is retained in order to document what happens during sessions and enables the therapist to provide a relevant and informed therapeutic service.

Access to Client Information

At any stage you as a client are entitled to access to the information about you kept on file unless the relevant legislation provides otherwise. The therapist may discuss with you appropriate forms of access.

Confidentiality

All personal information gathered by the therapist during the provision of the therapeutic service will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to
4. a) provide a written report to another professional or agency. e.g., a doctor or a lawyer; or
5. b) discuss the material with another person, e.g., a parent or employer; or if disclosure is otherwise required or authorised by law.

As Sa Reay Counselling is a service conducted in the outdoors there is a chance that you will run into someone that you know. This is handled in the same manner of this occurring in a waiting room or office situation.

Sa Reay Counselling Privacy Policy as well as terms and Conditions are available on our website. www.sarey.com



Informed Consent

I desire to engage voluntarily in the Outdoor Therapy program organised by Sa Reay Counselling. I understand that I could be walking and sitting as part of my Sa Reay Counselling session. I also understand that on some occasions I could run into someone I know. I understand that I am responsible for monitoring my own condition throughout the session and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.

In agreeing with this consent form, I affirm that I have read, accept, and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with the Sa Reay Counselling session and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the session and to the extent I deem advisable, will consult a physician before participating.

I agree to pay all reasonable costs related to the Sa Reay Counselling Session, including any medical costs I incur. In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Sa Reay Counselling, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.

2. Indemnify and hold harmless Sa Reay Counselling, their elected and appointed officials, employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the Sa Reay Counselling session, I have freely agreed to this waiver on the date indicated.

Cancellation / No Show Policy

Any cancellations made with less than 24 business hours' notice will incur a 50% cancellation fee. Sa Reay Counselling requires you to complete payment 24 hours prior to a session.

By submitting this declaration form to Sa Reay Counselling, I confirm that all of the content is accurate, I agree to it and that I have been honest in the information I have provided.

Full Name: _____

Signature: _____ Date: _____