



### Client Intake Form for Minors

#### 1. Client's Details

Title:		First name:		Surname:	
Date of Birth:				Age:	
ID number:					
Address:					
Phone:				Email:	
Level of Education/ grade:				School:	

#### 2. Responsible for Payment ( If not the client and in the case of a minor)

	Guardian 1	Guardian 2 ( If filled in fees will be split )
Name & Surname		
ID Number:		
Address:		
Email Address:		
Cell:		

#### 3. Medical Aid Details

Medical scheme		Plan/option	
Membership no.		Main member	
Main mbr ID.		Main mbr Ph.	

#### Alternative Emergency Contact

Name:	
Contact:	
Relationship:	

#### History & Medication

Previous counselling?	Y/N	When and reason	
On any medication?	Y/N	Name of medication, purpose and duration	
Doctors details (GP or Psychiatrist) and contact			

Client's initials

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## Reasons for counselling

## How did you hear about me?

## Client's Informed Consent

**1. I offer psychological services of** screening, assessment, supportive counselling interventions aimed at helping my clients enhance their personal functioning in a variety of their life contexts, and referrals to other appropriate professionals. I do not diagnose or treat psychopathology.

**2. I offer counselling face-to-face and via Doxy.me** or other similar services. Where available I use passwords and other security features offered by these online services, but clients should be aware that there are still some risks inherent in electronic transmission of our conversations, and that these are of course not quite as secure as face-to-face counselling engagements.

**3. The content of our sessions is confidential.** Client consent is required before information can be shared with a third party. However, I may be required to share client information without consent if compelled by a court order or when required by law to act to avoid anticipated harm to my client, a child, or a vulnerable adult. I may also confidentially share non-identifying details with trusted qualified and registered colleagues for supervision purposes to increase my counselling skills and to ensure best practice.

**4. I record sessions in note, audio or video form.** I use these records to review our work together, to generate and consider ideas clients might find helpful, and to resolve any process-related questions.

**5. I offer 50-minute sessions.** Clients are invited to schedule their own sessions via my website or to contact me on WhatsApp or email.

**6. Rates for 2024.** I ask clients to please pay when making a booking. I don't charge medical aid rates, and I don't submit claims to medical aids on clients' behalf. My invoices may contain ICD10 procedure codes for clients who provide their medical aid details, so clients should be aware that their medical aids may get hold of this information. **Clients are responsible for submitting their own claims to medical aid.** If you are unsure whether your medical aid covers counselling sessions, please get hold of them directly to find out.

- **R750** per 50 minute session for an individual session.
- Where appropriate, a feedback session may be offered to parents or guardians. These sessions are typically 30–50 minutes and are charged at the standard session rate unless otherwise agreed.
- If a session exceeds the scheduled time by more than 15 minutes, I reserve the right to charge at a prorated rate.

Client's initials

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**7. Protection of Personal Information Act No 4 of 2013.** I may disclose client personal information to service providers who are involved in the delivery of services to the client (i.e. for billing and/or medical aid purposes). Invoices may contain ICD10 procedure codes for clients who provide their medical aid details and such codes may be used by medical aids to process claims.

**8. This practice will not accept responsibility** for accidents/mishaps encountered by clients during visits.

APPOINTMENTS NOT CANCELLED WITHIN 24HRS WILL BE CHARGED AT THE FULL CONSULTATION RATE.

Thank you for reading this page.

If you consent to all that I've explained here, please sign and return all pages to me.

Client's signature \_\_\_\_\_

Date / month / year \_\_\_\_\_

Parent or guardian 1 of minor client \_\_\_\_\_

Parent or guardian 2 of minor client \_\_\_\_\_