**Client Intake Form**

**Welcome**

Welcome to **Tracey Louise Counselling with Heart**. In order to help your practitioner prepare for your session, please complete the following form. If you have any questions or are unsure what to write, please let your therapist know.

**About You**

First Name: Last Name:

Date of Birth: Date of First Appointment:

Home Phone: Mobile:

Email:

Address:

Emergency Contact Name:

Emergency Contact Phone:

**Payment Information**

Payment is required on the day of the appointment unless otherwise arranged and can be made by credit card, EFTPOS or cash.

**Presenting Issues**

Please briefly describe the reason for your visit:

How long has this been a problem?

What have you already tried to fix it / reduce it / improve it?

**Cancellation Policy**

Thank you for respecting our time as we respect yours. Our cancellation policy states that you will be charged $110 of the session fee for cancellations that are not made within 24 hoursprior to the session.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood this Intake Form and agree to the above conditions and terms of service.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If client is under 18 years of age:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provide consent for the exchange of verbal and written correspondence

about my child’s service at **Tracey Louise Counselling with Heart** be provided to:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing **Tracey Louise Counselling with Heart** to support you in your journey.