

The information is confidential to your counsellor and supervisor unless you give written permission otherwise.

Personal and Family Information

Name: _____ DOB: _____ Age: _____

Spouse/Partner Name: _____

Circle Present Status: Single Divorced Separated Married Defacto Widowed Remarried

Your Address: _____

_____ Postcode: _____

Mobile phone: _____ Contact Ph 2: _____

Email: _____

NDIS #: _____ Self-Managed Plan Managed

Plan Manager email (for invoicing): _____

Support Coordinator Name and Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

_____ Postcode: _____

Contact Ph: _____

Medical Information:

Are there any health conditions or disabilities that you think would be valuable for me to know about:

To Help Me Help You

What do you hope for/expect from counselling?

Is there any other information you would like me to know?

Confidentiality Agreement

What you share with your counsellor is confidential and private. No information regarding you will be shared, either verbally or in written form, with anyone, except as allowed by the agreement below...

To enhance my counselling skills, for professional development and for accountability purposes, I take part in regular supervision with qualified and experienced supervisors.

The law is clear about certain behaviours, which are to be reported, if information is shared with the counsellor. This information includes suspicions of child abuse, and the risk of harm to self and/or others. As your counsellor, I will conform to these requirements of the law.

Signature: _____

Signature: _____

(Parent/Guardian if under 18 years of age)

Counsellor's Signature: _____

Date: ____/____/____

Date: ____/____/____

Cancellation Policy

I appreciate that at times you may find it necessary to cancel your appointment. In order to re-allocate an appointment I require a full **24 hours notice of your intention to cancel**. Failure to do so will result in you being charged as per NDIS guidelines. Fees are payable by cash or direct credit : Name: **Counsellingand** | BSB: **085 005** | Account: **335023191**, and due on the day of your appointment.

Marcus Read is a member of: Psychotherapy and Counselling Federation of Australia (**PACFA**); Australian Counselling Association (**ACA**); Christian Counsellors Association of Australia (**CCAA**).

Complaints process and ethical codes provided at: www.pacfa.org.au/www.ccaa.org.au/www.theaca.net.au.

NDIS Complaints process:: <https://www.ndiscommission.gov.au/about/complaints-feedback/complaints>