Adult Intake Form

**Strength Based Counselling**

exists to journey with individuals and families through the seasons of life.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Sex |  | Date of Birth |  |
| Address |  | | | Post code |  |
| Email Address |  | | | Phone # |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency Contact** Name |  | Phone # |  | Relationship to you |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Marital Status |  | Occupation |  |
| Number of children and ages |  | | |

**Reasons for seeking help**

|  |  |  |
| --- | --- | --- |
| What concerns have led you to pursue counselling? |  | |
| Where are your concerns causing the most problems for you?  e.g. work, home, marriage, other relationship | |  |
| Please rate the severity of your present concerns on the following scale?  i.e. mild, moderate, severe or totally incapacitating | |  |
| What is your main goal / objective for seeking counselling? | |  |

**Please indicate which of the following areas are currently problems for you (Check all that apply)**

Lacking self-confidence

Under too much pressure / feeling stressed

Issues with food and / or weight

Excessive anxiety or worry

Abuse of alcohol and / or non-prescription drugs

Feeling lonely

Inability to concentrate while at work / school

Angry feelings

Concerns about finances

Crying spells

Loss of interest in usual activities / lack of motivation

Feeling ‘numb’ or cut off from emotions

Obsessions or compulsions with specific activities

Angry outbursts

Inability to control thoughts

Excessive fear of specific places / objects

Feeling distant from God

Difficulty making friends

Concerns about physical health

Feeling manipulated or controlled by others

Difficulty making decisions

**Health information**

|  |  |
| --- | --- |
| Have you had previous counselling? |  |
| How do you feel about the results of your previous counselling? |  |
| Are you under current medical treatments? |  |
| Are you taking any medicines / drugs? If yes, what are they? |  |

|  |  |
| --- | --- |
| At the moment, I am feeling … |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Printed Name |  | Signature |  | Date |  |

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Counselling Agreement

**Counsellor: Janice Marsh**

I understand that the counsellor will help me to understand myself, assist me in clarifying my problems, goals and objectives, and help me look at alternative solutions. This may involve weekly assignments, which I am prepared to commit myself to, as needed.

I understand that the counsellor will assist and guide me in resolving personal problems and explore ways to work with stress, anxiety and depression.

I understand that the counsellor will encourage and help me work through my thoughts and emotions, and this will sometime include challenging moments and differences between counsellor and me, with the purpose of restoring my overall well-being.

Clients will be referred outside of Strength Based Counselling when treatment required is beyond the scope of care available by the counsellor. Though the counsellor strives to be responsible and professional in the referral procedure, it is the client’s full right and responsibility to select the professional of choice. The counsellor is not liable for any services provided or not provided by the referred professional.

I further understand that I am fully responsible for the decisions I make concerning my relationships and behaviour.

I understand that confidentiality is an important part of the counselling process. There are situations, however, when the counsellor must share certain information without your consent when there is proof indication that someone or the client is being or will be hurt or harmed. It is also a requirement by law for mandatory reporting of child abuse.

Further information can be sought from the Australian Government’s Australian Institute of Family Studies: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

I understand that the counsellor holds a Christian faith, and will be sensitive to your religious/cultural differences and perspectives.

The counsellor adheres to the Code of Ethics prescribed by the Australian Counselling Association. To view the code of ethics, go to [www.theaca.net.au](http://www.theaca.net.au)

Strength Based Counselling requests that you notify your counsellor at least 24 hours before your scheduled appointment time if you need to cancel a session. Failure to do so will result in 50% of the full fees for the missed appointment. This charge should be paid before or at the time of your next appointment to continue in the counselling relationship. Exceptions are for sudden illnesses and emergencies only.

I hereby agree to hold the abovenamed counsellor harmless from any advice, counsel, or suggestions rendered during the counselling sessions.

I hereby release, remise, and forever discharge and covenant not to sue or hold legally liable the abovenamed counsellor, from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the counselling process.

By signing this form, I certify I read this entire Counselling Agreement and all the information and terms mentioned in the Agreement are acceptable to me.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Printed Name |  | Signature |  | Date |  |

Fees: Initial consult $90 per session / 50 minute per session.

Subsequent consult $70 per session / 50 minute per session.

Check box to request for concession rate due to financial hardship. Counsellor will discuss with you.

Payment via bank transfer or cash can be made on the day of consult to:

**ACC Name: Janice Marsh BSB 736308 ACC 635856**

*\*\* Preferred Provider with BUPA, Medibank & Police Health Fund. HICAPS facilities at certain locations only.*

*\*\* Counsellor is not a Medicare provider.*