



GOSHEN CONFIDENTIAL COUNSELLING INTAKE FORM

Please carefully go through and complete this form. Any question, feel free to call us for further explanation. Thank you for your cooperation.

PLEASE NOTE: This information is for counselling use only.

It is considered confidential: we will not release information to anyone, nor will we contact those listed below, without your permission.

PLEASE FILL OUT BOTH SIDES

TODAY'S DATE _____

BASIC INFORMATION

Full Name _____ Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____ Mobile Contact _____

Date of Birth _____ Age _____ Sex (M/F) _____

MARITAL STATUS

____ Single

____ Married for _____ years. I have been married _____ times.

____ Divorced for _____ years after a marriage of _____ years.

____ Separated/Widowed for _____ years after a marriage of _____ years.

How happy is your marriage? _____

Name of spouse, if currently married. _____ Spouse's Occupation _____

First names and ages of children, if any _____

EDUCATION AND OCCUPATION

Education Status: Current Student? Yes ____ No ____ School _____

Highest degree or year of schooling obtained, and major _____

Current Occupation _____ Are you happy with your work? _____

COUNSELING HISTORY

Have you ever consulted a therapist before? _____ If so, when? _____ How Long? _____

Major problems discussed? _____

What are some things gained/learned by your counseling experience? _____

MEDICAL HISTORY

Any medical problems we should know of? _____

Do you think that, either now or in the past, you have struggled with any kind of addiction? _____

If so, what? _____

Have you ever seriously considered or attempted suicide? _____ When? _____

Have you been, or are you now, taking any medications? If yes, what medications and for what problems? List medications and dosages if you know them _____

RELIGIOUS STATUS

If you are a member of a church, please state its name _____

How often do you attend church? _____

In a short space, how do you feel about God in your life? _____

CURRENT COUNSELING DESIRES (Please Fill Out In Detail: These Are Important To Us)

Were you referred to us? _____ If so, by whom? _____

What do you see as the chief problem you need to resolve with a counselor? _____

What is it that you would like to change? _____

How would you know if your problem got better? _____

How would other people know? _____

What are you doing now or in the past that has helped? _____

What have you been doing that hasn't helped? _____

What kinds of support systems/connections do you have in place? _____

Goshen Counselling Informed Consent Form

The Counselling Clinic

This is our Counselling section of the body. We value our relationship with our clients and believe that such relationship is the beginning point of the healing process.

We believe in a wellness model that helps our clients empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure on working on a treatment. Please go through this consent form and sign below.

Client's Rights

1. The client may ask questions on what to expect during and end result of the therapy.
2. The client may decline to proceed the therapy as to the techniques which may be conducted by the therapist.
3. The client may cease to continue therapy anytime, without any impediment and may return to therapy anytime if there is still space (this may incur extra charges) .
4. The therapist has the right to dismiss the client from the course of therapy.
5. The client has the right to review his or her records from the therapist.
6. Right to confidentiality: Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a doctor-patient relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client. Although according to the harm principle, if there is a situation where there is domestic violence, self harm or harm for others, therapist has the right to contact the necessary institutions.
7. Referrals: If client has a particular concern needing a specialized treatment approach (e.g. a couples therapy, EMDR therapy,

family therapy, sex therapy, alcohol or drug problems specialist etc.), therapist has the right to refer the client to an other specialist in the field, if the therapist deem fit.

8. Consultation: Anonymous supervision will be carried out with therapist's supervisor.
9. The client can raise any concerns and to speak with the therapist immediately of any concerns provided that the therapist is likewise available to discuss matters with the client.

Please check the items that you believe is affecting you

Anger or hostile feelings
Anxiety, nervousness, fears
Sadness or Low Mood/Depression
Procrastination
Family issues
Physical distress
Relationship/marital concerns
Sexual concerns
Shyness
Traumatic experiences

Social conflicts
Suicidal feelings or behaviours
Stress and nervousness
Sleep disorder
Self-control
Self-esteem or confidence
Sexual Concern
Financial Management
Stress and nervousness
Work or career concerns

FEE

£ 50:00 per session of counselling.

A session normally can last for 50 minutes. We can work together to arrange timings that suit both of us. Minimum session booked is 3 sessions in a week

Sessions are online - video link

Cancellations

We do require at least 24 hrs notice for a session to be cancelled without charge (money paid refunded), as we must reallocate the session to someone else seeking help. If you cancel with less than 24 hrs notice, or don't attend on the day, full charge for the session will be due.

All sessions are paid in advance of attending.

Acknowledgement

I have reviewed this Goshen Counselling Informed Consent Agreement
I likewise understand my Client's Rights set in this form.
I accept this agreement and consent to counselling.

Client Name

First Name:

Last Name:

Email:

Mobile Contact:

Home Address:

Client Signature and Date: