



# DHEROS CONFIDENTIAL COUNSELLING INTAKE FORM

*"Life is a DANCE.."*

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? \_\_\_\_\_

# **DHEROS Counselling Informed Consent Form**

## **The Counselling Clinic**

Welcome to our Counselling section consent form. 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 empowers our Clients and keep them focus 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**

#### **£ 40:00 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 and/or audio as accepted

### **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 hours 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 ..... *(please fill with your full name)* have reviewed this Dheros Counselling Informed Consent Agreement, I likewise understand my Client's Rights set in this form. I accept this agreement and consent to counselling.

### **DETAILS of Client**

First Name:

Last Name:

Email:

Mobile Contact:

Home Address:

Client Signature and Date:

**NOTE:** *Please if more than one person on this session - both are required to fill the Consent Agreement form separately, signed and scanned/pictured back to us. We shall be in touch once we receive it.*