

RK Counselling

Welcome

I provide evidence-based therapy for individuals, couples, and families. Please read and complete the information below.

First session

Please allow one hour for the first session. Subsequent sessions will usually be an hour, unless, otherwise agreed upon prior to commencing the session. During the first session, we will get to know each other, discuss the main issues, desired outcomes and consider the best way forward. It is important to arrive on time for your appointment, to get the most out of your session.

Privacy and Policy

During consultations, personal and health-related information is collected for administrative and professional purposes by RKCT. We are required to retain this information and maintain confidentiality as far as possible.

In some circumstances, we might be required or entitled to disclose personal information obtained. Please review the Privacy Policy on the website <https://www.rkct.com.au/privacypolicy>.

The policy sets out the client's rights to access information and the practitioner's rights and duty to keep a record of session content.

Informed Consent

Fees and Cancellations

A 50% booking fee will be obtained for the first scheduled and as required for subsequent sessions. Full payment is expected at the end of each session by cash or credit card. Your therapist might opt to process payment before the session.

PLEASE NOTE: Appointments rescheduled or cancelled within 4 days of the appointment, not including the day of the appointment, will attract \$100.00 fee. Cancellations or reschedules within 2 days of the appointment will attract the full rate of your scheduled appointment. No-shows attract the full rate.

I, _____
(Full Name)

have read and understood the above information and the privacy policy listed on RK Counselling's website. I consent to RK Counselling providing a counselling service to me based on that information, collecting health and personal information about me. I consent to RK Counselling using and disclosing information as deemed appropriate.

(Signature)

(Date)

Psychology Clients ONLY:

I hereby give my consent OR refuse to give consent for my practitioner and doctor to share relevant information. (Initial here) _____



RK
Counselling

Suite 6, 101 Hazel Glen Drive
Doreen VIC 3754
0426 706 730

Rae Kruger Counselling Intake Form

CLIENT DETAILS

NAME DATE OF BIRTH

ADDRESS

.....

EMAIL ADDRESS

PHONE

CULTURAL BACKGROUND

NEXT OF KIN DETAILS

NAME RELATIONSHIP

PHONE

Please note. *Next of kin will only be contacted in case of an emergency and wherever possible contact will be discussed with you first.*

HOW DID YOU HEAR ABOUT RAE KRUGER COUNSELLING?

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PLEASE GIVE A BRIEF DESCRIPTION OF THE REASON FOR SEEKING COUNSELLING:

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MAIN GOALS YOU ARE HOPING TO ACHIEVE FROM COUNSELLING:

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CURRENT SYMPTOMS:

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MEDICAL HISTORY:

CURRENT MEDICAL ISSUES:

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PAST OR CURRENT PSYCHIATRIC CONCERNS:

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FAMILY HISTORY:

HAS ANYONE IN YOUR FAMILY BEEN DIAGNOSED WITH OR TREATED FOR:
(Bipolar disorder, Depression, Anxiety, Anger, Suicide, Schizophrenia, PTSD,
Substance Abuse, or Other)

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Please circle and provide further information if applicable.

Were you adopted?

Yes

No

Where did you grow up and what was it like?

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Do you have any siblings? If so, please list them by name and age:

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.....

Did your parents divorce?

Yes

No

Do you have a history of abuse (physically, emotionally, sexually) or neglect?

Yes

No

*Your counsellor may ask for more detail. If you prefer to provide further detail in writing so you don't have to talk about it, please provide this information below.

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PERSONAL INFORMATION:

Do you exercise regularly?

- Yes
- No

How much time each day do you exercise?

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Have you ever tried any of the following:

- | | | |
|---------------------------------|-----------|------------|
| Methamphetamine | Cocaine | Stimulants |
| LSD/ Hallucinogens | Heroin | Marijuana |
| Painkillers (not as prescribed) | Methadone | Alcohol |
| Tranquillizer/sleeping pills | Ecstasy | Other |

Other: please provide further information

How many caffeinated drinks do you have per day?

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Employment Status:

- | | | |
|---------------|---------|--------------|
| Working | Student | Unemployed |
| On disability | Retired | Other: |

Relationship Status:

- | | | |
|---------|----------|-----------|
| Single | Engaged | Partnered |
| Married | Divorced | Widowed |



Do you have children?

Yes

No

Please list them by name, age and date of birth:

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Are there any parent arrangements or court orders in place?

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Are there any restraining orders in place?

Yes: Please elaborate

No

*Please note: If there are orders in place your practitioner may ask for a copy.

Any other information you would like your practitioner to be aware of:

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