



COUNSELLING

CONFIDENTIAL CLIENT INFORMATION AND CONSENT FORM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITALS)

Date of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

Phone Number : _____ E-Mail : _____

Occupation : _____

Pension,
Student or
Concession card? : Yes No

Relationship
Status : Single Married Divorce Others

Name of partner : _____

Children's names
if applicable : _____

How did you hear about us? _____

Were you referred by a GP or Therapist?: Yes No

If yes, what is the name of the practitioner who referred you? _____

Did you give the above-mentioned practitioner written permission to communicate with me in order to manage your case? Yes No

If yes, GP or therapist practice location and number:

More Information : Counsellor: Danni Synot

✉ Connect@braveenough.org

🌐 dannisynot.com/counselling

ABN: 25 082 793 763



COUNSELLING

CONFIDENTIAL CLIENT INFORMATION AND CONSENT FORM -CONTINUED

Past Medical and/or Mental Health Conditions:

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Current Medical and/or Mental Health Conditions:

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Current Medications:

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EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____
Relationship : _____ Mobile Number : _____

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Briefly explain your main reasons for seeking counselling:

Briefly explain what you hope to gain from counselling:

List any questions or concerns that you have in relation to your case or the counselling process, if any:

CLIENT DECLARATION

I declare that the information provided in this form, is true and correct. I understand that my personal information may be shared with my health care provider, where my permission as been given.

I understand that in the instance that myself or another human being related to this case may be deemed in danger of harm, or where records are subpoenaed by a court of law, that confidential information may be required to be legally disclosed.

Client Name : _____

Client Signature : _____

Date : _____

OFFICE USE ONLY

Date : _____

Staff Name : _____

Staff Signature : _____

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INFORMED CONSENT

About Counselling Therapy

Participating in therapy can help you learn more about yourself and others, and develop skills and understanding that help you handle your problems and feelings, as well as nurture your true potential.

While there are no guarantees, coming to therapy should help you feel better and produce beneficial results. The best results occur when appointments are regularly scheduled and attended. You know therapy is working when you feel less worried, afraid, angry, depressed or anxious; problems are being resolved; relationships are improving; and you are feeling better about yourself and your decision making has improved.

Our Commitment to You

Our counsellors will act with integrity and honesty in everything they do for and with you. We are open to your questions and or feedback.

Counsellors in the Brave Enough Network are qualified Counsellors who undertake regular professional development and supervision as a special duty of care to you as the client. This is an appropriate and good standard practice for all counselling therapists.

On occasion, your therapist may need to confidentially discuss your case with their professional supervisor for guidance or development, and may also, with your prior knowledge, sit in on our session.

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Appointments:

In person appointments can be arranged for our consulting rooms. Alternatively, remote sessions can be arranged via Zoom if you choose. Your therapist may also choose to conduct your session remotely via Zoom as required, particularly for health and safety reasons.

Flexible appointment times are available on weekdays, including some availability for after hours sessions

Individual consultations are \$80 for a 50 minute session

Consultations for Couples are \$150 for a 1hr 30 minute session

Longer appointment times may be available upon request where necessary.

Discounts:

Clients with a current Centrelink health care card, Student concession card or pensioner concession card are eligible for a session discount respective to the type and length of session booked.

Individual consultations are \$40 for a 50 minute session

Consultations for Couples are \$70 for a 1hr 30 minute session.

If you are in severe financial hardship and do not have a relevant concession card, please feel free to talk with us so that we can work something out for you. From time to time we have a limited number of sponsored discounted sessions available.

Consultations relating directly to your employment may be tax deductible please check with your accountant or tax professional.

Please note: Counselling fees are not reimbursed by Medicare, however, some private health funds may do so, please check with your health insurance provider.

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Your Commitment to Me:

We ask that you will be open and honest with your therapist at all times and let them know immediately about any concerns you have about your work together.

You will be required give your therapist/Brave Enough a minimum of 12-24 hours notice if you need to change your appointment.

Please understand that if you are late, give less than 12 hours notice or forget your appointment, you will still be charged the usual fee, due to this time having been set aside for you. (Emergency situations excluded.) You understand that you are responsible for attending your appointment.

You will pay your account online when booking each session online.

Therapy can end for many reasons, however, when therapy ends it is important to have a final session scheduled following notice of therapy cessation.

As part of our duty of care, I may make a follow-up call up to three months after the cessation of therapy to check on your progress and well-being.

Confidentiality:

I take your privacy seriously. All information disclosed within your therapy sessions remains strictly confidential, unless, you give me written permission to speak to another health professional; I am required to disclose by the law; or I believe that you are at risk of harming yourself or others and current child abuse is reportable by law.

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I attend regular supervision where I may discuss your case with my supervisor or consultant; however I will always maintain your anonymity.

I attend regular professional development so that you may get the best possible help.

I will keep case notes of your session on a secure password-protected computer and will delete these after 7 years.

Please only use email for making or changing appointments and avoid disclosing any information that you would not want publicly known.

Dual Relationships:

A dual relationship is when two or more simultaneous roles are part of interactions between two people e.g. boss/friend or husband/work colleague. Not all dual relationships are unethical or avoidable, however dual relationships between therapist and client can compromise the therapy.

Sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair the objectivity, clinical judgment, or therapeutic effectiveness and is not acceptable conduct by our therapists.

Our therapists will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, I will preserve the integrity of our working relationship.

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How did you find me? (Please Circle and specify on the line below)

Social media

Radio

Television

Website

Pastor

Friend

Colleague

A therapist or GP

Other: Please specify _____

I have read and understand all of the terms and conditions stated above regarding my therapy and agree to all the terms and conditions described in this contract.

Signed: _____

Name: _____

Signed: _____

Name: _____

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