

## Caron Zar Counselling Intake Form

### Date

Please provide the following information and answer the questions below. Please note information you provide here is protected as confidential information.

Main Concern:

Full Name:

Date of birth:          Age:          Gender:

Siblings: Age and Gender

Marital Status:

Please list any children and age:

Full Address:

Home phone number:

May we leave a message?

Mobile number:

May we leave a message?

Email:

May we email you?

Please note Email correspondence is not considered to be a confidential medium of communication.

Emergency contact number and details

GP Contact Details

Please note I will only write to other health professionals after a discussion with you first unless it is an emergency.

Were you Referred?

Where did you find my details?

Have you previously received any type of mental health services, psychotherapy, psychiatric services, counselling etc. please give brief details:

**Privacy Statement**

Your contact data will be used by me to contact you re appointments or emergencies only. Do you consent to me using your contact data for communication between myself and you?

Decision

Signature

Date

In the event of serious injury/illness/ death to myself, I have an executor who will hold your contact number and email address and will contact you to inform you.

You have the right to withdraw your consent at any time and can inform me in writing to do so.

I will keep sessional notes electronically for 5 years after treatment, in line with my insurance providers requirements and then erase them.

All texts and contact numbers are erased 3 months following the ending of therapy.