

**Your Details**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Any previous name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact number **(Ph)**: \_\_\_\_\_ **(M)**: \_\_\_\_\_

Email: \_\_\_\_\_

Is it okay to leave a message identifying myself as Bree or Nomad Counselling & Wellness? **Y / N**

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Will you require an interpreter?: **Y / N** Are you of Aboriginal or Torres Strait Islander origin?: **Y / N**

Current relationship status (tick one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Single</b>                  | <input type="checkbox"/> <b>Married</b>                   | <input type="checkbox"/> <b>N/A (person aged under 15 years)</b> |
| <input type="checkbox"/> <b>De Facto</b>                | <input type="checkbox"/> <b>Widowed</b>                   | <input type="checkbox"/> <b>Separated (as of): _____</b>         |
| <input type="checkbox"/> <b>Divorced (as of): _____</b> | <input type="checkbox"/> <b>Other Relationship: _____</b> |  |

**Emergency Contact**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number **(Ph)**: \_\_\_\_\_ **(M)**: \_\_\_\_\_

Is it okay to identify myself as Bree or Nomad Counselling & Wellness to your emergency contact? **Y / N**

**Brief History**

Are you currently working? If so, what is your occupation? \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Part-time</b>     | <input type="checkbox"/> <b>Unemployed</b>  |
| <input type="checkbox"/> <b>Full-time</b>     | <input type="checkbox"/> <b>Not in the labour force</b> (e.g. stay at home parent, volunteer, not looking for employment, student, retired, etc.) |
| <input type="checkbox"/> <b>Casual</b>        |   |
| <input type="checkbox"/> <b>Self-employed</b> |   |

Have you received - or are you currently receiving - counselling/therapy: **Y / N** When?: \_\_\_\_\_

Are you currently, or have you been, involved with a self-help group (e.g. NA/AA/CODA/Al-Anon)?: **Y / N**

Do you have any current legal issues?: If so, what? \_\_\_\_\_

Are you currently taking any medication?: **Y / N** If **yes**, please list medication and dosage:  
\_\_\_\_\_

Do you have any current physical or mental health concerns?: **Y / N** If **yes**, please describe here:  
\_\_\_\_\_

To what extent does the above symptom(s) impair your daily functioning?: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalised for psychiatric concerns?: **Y / N** When?: \_\_\_\_\_

Are you currently contemplating suicide? **Y / N**

How were you referred to Nomad Counselling & Wellness?:

- |                                    |                                 |                                       |
|------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Family    | <input type="checkbox"/> Friend | <input type="checkbox"/> Partner      |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> GP     | <input type="checkbox"/> Other: _____ |

If not referred, how did you hear about Nomad Counselling & Wellness?:

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Internet search (Google) | <input type="checkbox"/> Social Network (Facebook, Google+, Twitter) | <input type="checkbox"/> Mail drop     |                                       |
| <input type="checkbox"/> Word of mouth            | <input type="checkbox"/> Brochure                                    | <input type="checkbox"/> Business card | <input type="checkbox"/> Other: _____ |

What is the main purpose that brought you here today?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve from counselling/therapy?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred appointment day(s)/time(s): \_\_\_\_\_

**\*\* YOUR SIGNATURE IS REQUIRED AT THE END OF THIS DOCUMENT (p. 5). THANK YOU \*\***

## Informed Consent

### **About your counsellor/therapist:**

Your counsellor and therapist, Bree Rhodes, received a Masters of Applied Social Science in Counselling and is qualified to practice counselling and psychotherapy. Bree has been practicing mental and behavioral health counselling and therapy since 2008 and has worked with an eclectic clientele in both agency and private practice settings. As a former tertiary Academic Educator of Counselling, Bree holds Clinical Counselling Registration with the Psychotherapy and Counselling Federation of Australia (PACFA) #22211.

### **About the counselling and therapy process:**

Participation in counselling and therapy is generally voluntary. You (the client) are required to participate on your own accord, unless mandated by a court order. If mandated by a court order, clients are required to attend as stipulated on the order, otherwise the client may incur consequences by the issuing body.

Please be aware that it is not uncommon for things to get worse before they get better. Your counsellor will honour that process and is available to fully discuss your expectations of the outcome of counselling and therapy. Your counsellor will also discuss with you possible models and interventions which may be helpful for your presenting issue(s). When necessary, alternatives and adjuncts to counselling may be explored such as group counselling or referral to another practitioner and/or agency.

There are risks involved when engaged in counselling and therapy interventions. For example, clients may feel overcome by negative emotions when they discuss traumatic experiences. Your counsellor is trained to ensure that these risks are minimised. Should you feel at risk, it is your responsibility to address the issue with your counsellor/therapist as soon as possible.

The therapeutic alliance that you build with your counsellor/therapist is an intimate process. It is important to be aware that your counsellor/therapist may only engage with you professionally; any personal relationships created between counsellor/therapist and client are discouraged by PACFA's Code of Ethics.

## Confidentiality Policy and Grievance Procedure

Nomad Counselling & Wellness commits to providing you with the highest level of professional counselling and therapy services. This includes protecting your privacy and adhering to PACFA's Code of Conduct.

Legally and ethically, your counsellor is required to collect and record personal information about you that is relevant to your current situation. It is your choice to provide this information. However, not providing information may impact upon the service that you are receiving. All personal information collected by your counsellor is confidential and secure. Information can only be disclosed if:

- it is to protect you or others from harm,
- a court order is mandated, or
- you have provided written permission

Due to the limitations of technological security, electronic correspondence (e.g. mobile phones, texting, email, etc.) may pose risks to breaching confidentiality that are outside of your counsellor's control. Please be aware of this when engaging in these forms of communication.

Counsellors are required to receive ongoing supervision from a registered supervisor to ensure best practice is being provided for you, the client. Information you provide to your counsellor may be shared with the counsellor's supervisor for the purpose of effective care and clinical management. No *identifying* information will be shared.

Please help ensure that Nomad Counselling & Wellness has accurate information about you by informing your counsellor of changes in your circumstances (e.g. name, address, telephone number, email). It is encouraged that any concerns experienced within the therapeutic relationship are addressed directly with your counsellor first, as this can be an important part of the therapeutic process. Should you feel

violated, harmed, or discriminated against, you may file a grievance. Nomad Counselling & Wellness follows the grievance procedure of PACFA.

## **Client Rights and Responsibilities**

### **Client Rights**

As a client of Nomad Counselling & Wellness, you have the right to:

- be informed about the treatment you receive
- have your information treated confidentially
- be free from harm, discrimination, and/or exploitation by your counsellor/therapist
- receive a just and fair service that respects your human rights and dignity and upholds 'best practice' standards
- be informed in advance of any foreseeable conflicts of interest or as soon as possible after such conflicts become apparent
- receive a referral based upon personal needs

### **Client Responsibilities**

As a client of Nomad Counselling & Wellness, you have the responsibility to:

- maintain appointments by arriving punctually and consistently
  - notify your counsellor/therapist 24-hours in advance to make changes to scheduled appointments
  - make payments punctually as advised on Nomad Counselling & Wellness' Fees and Payment Policies
  - discuss any concerns with your counsellor/therapist as soon as they arise
  - refrain from aggressive behaviour
  - provide your counsellor/therapist with any relevant information that would contribute to effective treatment
  - avoid contacting your counsellor/therapist after 7pm
  - contact appropriate services (e.g. 000, Lifeline, RBH) in the event of emergency
- \*Please refer to PACFA's (<http://pacfa.org.au>) Code of Ethics for more detailed information.*

## **Fees, Payment, and Cancellation Policy**

**Fees** for counselling and therapy sessions *(including online and phone)*

- Individual and Active Mindfulness Practice: 60-minute session - \$180\*
- Couples/joint and initial/intake session: 90-minute session - \$220\*
- Alternative therapy session: 60 to 90-minute session - \$180 - 220 respectively\*
- DBT Skills Program: 90-minute session; materials provided - \$230\*
- Group Counselling (e.g. "THRIVE" and Workshops: contact for current rates (up to 8 members)  
*\*\$25 surcharge for **after-hours** appointments (starting from and going over 5pm)*

### **Payment:**

Fees are payable at the time of the session by cash, credit, direct deposit or EFTPOS. Invoices are provided for online and administrative services. Administrative requests are billed at a reduced hourly rate (\$165).

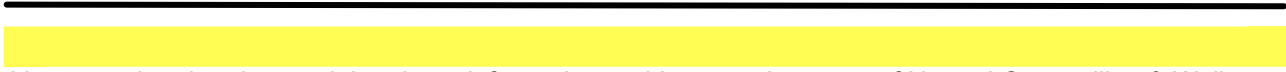
### **Cancellation Policy:**

Should you need to cancel or reschedule your appointment, a 24-hour notice of these changes is required. A fee will be charged for appointments that are missed or cancelled less than 24-hours of the scheduled appointment time, the total of which dependent upon the type and length of appointment that was originally scheduled (e.g. \$90 – 60-minute individual session; \$110 – 90-minute couples/DBT session; see online

policy for groups and workshops). This fee must be paid in addition to the consultation fee at (or prior to) the next appointment. If payment was made online at the time of booking, this fee may be automatically deducted from the payment used online.

**Rebates:**

While Medicare rebates are not available, certain private health providers (e.g. Medibank Private, Australian Unity Health, Bupa, and Westfund) may offer counselling service rebates depending on your eligibility with your nominated provider. Please contact your health provider for more information.



I have read and understood the above information and I accept the terms of Nomad Counselling & Wellness

**Client Signature(s):** \_\_\_\_\_

\_\_\_\_\_

**Counsellor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_