

Fiona Mallard Counselling

New Patient Information

Name _____ D.O.B _____

Contact number _____ Email _____

How did you hear about my service?

Informed contract with signature

I understand that my therapist's aim is to help me to understand myself, clarify my problems, goals and objectives and look at alternative solutions to my issues. The model of therapy used looks at the past and present. It considers my family of origin, feelings, thought patterns and communications. I understand that I am fully responsible for the decisions I make concerning my life and behavior.

I understand that everything discussed in sessions is confidential unless session notes are subpoenaed by court or the client is at risk of harming themselves or harming another person.

I am responsible to pay for each therapy session provided for me or for my child if they are under 18 years of age at the time of service. I also understand that any arrangements with insurance companies, employers or health funds for reimbursement of fees are my responsibility.

Signature of client

_____ Date _____

Signature of parent or guardian for client under 18 years of age

Name of parent or guardian

_____ Date _____