



EVOLVING CHANGE
Supporting your choices.

CONTACT
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Crangold Business
Centre 129A Lake
Street, Cairns QLD,
4870



CLIENT INFORMATION FORM

This information and any other information provided or obtained during your counselling sessions is strictly confidential.

Name:		Date of Birth:	
Address (incl postcode):			
Phone (Home):		Phone (Mobile):	
Country of Origin:		Cultural Considerations? Yes / No	
Disability Considerations?	Intellectual? Yes / No	Physical? Yes / No	Psychological? Yes / No
In an emergency, please contact (name & phone):			
Is discretion needed when phoning? Yes / No		Is it safe to leave a message? Yes / No	
Please list any current medications you are taking:			
Do you give permission for us to contact your medical / health practitioner/s? Yes / No	If Yes, please provide names and contact details of practitioner/s:		
Are you currently receiving any other therapy or supports? Yes / No	If Yes, please provide name/s and contact details:		

In a few words, please tell us why you would like to see a Counsellor:



I have completed this information to the best of my knowledge. I understand that, with my permission, you may contact the practitioner/s listed above, if considered necessary, and at your discretion.

Client Signature:	Date:
Counsellor Signature:	Date:

As part of providing a Professional Counselling Service to you, our Counsellors will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of assessment, treatment and therapy.

ACCESS: You may access the material recorded in your file upon request, subject to the exception in National Privacy Principle 6.

CONFIDENTIALITY: All personal information gathered by the counsellor during the provision of the Counselling Service will remain confidential and secure, except when:

- It is subpoenaed by a court.
- Failure to disclose the information would place you and/or another person in harm or at risk of harm.
- You disclose something illegal.
- Your prior approval has been obtained to:
 - Provide a written report to another professional agency, i.e. a GP or lawyer.
 - Discuss the material with another person, i.e. a spouse, parent or employer.

I, _____ have read and/or had this form verbally read out and explained to me. I understand the above Consent Statement. I agree to these conditions for the Professional Counselling Services provided to me by **Evolving Change**.

Client Signature:	Date:
Email Address:	

PLEASE NOTE: You can discuss this Consent Form with your Counsellor if you have any questions or concerns, or do not fully understand the content.