

# Dominie Counselling & Consultancy

Consulting at  
**Life Design Counselling & Education**  
**164 Goodwood Road**  
**Goodwood, South Australia 5064**  
PO Box 1766, Unley 5062  
Telephone: (08) 8373 6327  
Mobile: 0419 861530  
Fax: (08) 8373 3052

Counsellor: Dominie Nelson– (Bachelor of Arts Christian Counselling, Masters of Counselling, BA (Psych.))

The information is confidential to your counsellor and supervisor unless you give written permission otherwise.

## **PERSONAL and FAMILY INFORMATION**

Name:..... Date of Birth: ..... Current age: .....  
Spouse/partner:..... Date of Birth: ..... Current age:.....  
Circle present status: Single Divorced Separated Married Defacto Widowed Remarried  
Address: .....  
..... Postcode .....  
Telephone: ..... (Home) ..... (Work) .....(mobile)  
Email: .....  
Occupation: ..... Spouse/partner's occupation: .....  
Names ages and DOB of other family members:

Church Preference /Religious Affiliation: .....

How did you hear about this Counselling Service? .....

## **MEDICAL INFORMATION**

Briefly describe your general health: .....

Are you currently using medication? **Yes / No** If yes, what medication are you taking, and for what?

Are you currently using alcohol and/or drugs? **Yes / No** If yes, which and how frequently?

**TO HELP ME HELP YOU**

Have you been to previous counselling? **Yes / No** If yes, for what reason? .....

How did you feel about that experience? .....

What is the nature and length of your current concern? .....

What do you hope for/expect from counselling? .....

Is there any other information you would like me to know? .....

**CONFIDENTIALITY AGREEMENT/RECORDING AND VIEWING**

What you share with your counsellor is confidential and private. No information regarding you will be shared, either verbally or in written form, with anyone, except as allowed by the agreement below. To enhance my counselling skills, for professional development and for accountability purposes, I take part in regular supervision with qualified and experienced supervisors. To aid in supervision, I may ask for the session to be audio or video taped, or observed by a supervisor or fellow counsellor (s). This will not occur without your permission. Written and verbal reports may be shared with a supervisor in the practice of supervision.

The law is clear about certain behaviours, which are to be reported, if information is shared with the counsellor. This information includes suspicions of child abuse, and the risk of harm to self and/or others. As your counsellor, I will conform to these requirements of the law.

Client's Signature: ..... Counsellor's Signature: ..... Date.....

Date: .....

**CANCELLATION POLICY**

We appreciate that at times you may find it necessary to cancel your appointment. Due to our waiting list we require a full 24 hours notice of your intention to cancel. Failure to do so will result in you being charged 50% of the consultation fee. A missed consultation with no notice will be charged at your counsellor's full fee rate.