

DESIGN COUNSELLING – GOODWOOD

Consulting at
Life Design Counselling & Education
164 Goodwood Road
Goodwood, South Australia 5064
PO Box 1766, Unley 5062
Telephone: (08) 8373 3666
Mobile: 0409 897 977
Fax: (08) 8373 3052

Counsellor: Rob Salmon – (BACC, Masters of Counselling) CCAA (Clin) & Supervisor, PACFA (Reg)

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?

PLEASE TURN OVER...

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:
