

## INTAKE FORM – for Couples Counselling

### INDIVIDUAL DETAILS

Title \_\_\_\_\_ Name & Surname \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID No. \_\_\_\_\_ email \_\_\_\_\_

☎ (H) \_\_\_\_\_ ☎ (W) \_\_\_\_\_ 📱 (C) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Title \_\_\_\_\_ Name & Surname \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID No. \_\_\_\_\_ email \_\_\_\_\_

☎ (H) \_\_\_\_\_ ☎ (W) \_\_\_\_\_ 📱 (C) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

### ACCOUNT

Name of person responsible for payment: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_ Permission to email account statement:  Yes  No

Email address to send statement: \_\_\_\_\_

### MEDICAL AID DETAILS (if applicable) – to be added to your invoice for easy submission

Medical Aid \_\_\_\_\_ Membership number \_\_\_\_\_

Main Member Name: \_\_\_\_\_ Main Member ID Number \_\_\_\_\_

I have read and agreed to the terms of the 'Information and Informed Consent' contract with Kathy Knott	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signed \_\_\_\_\_

Date \_\_\_\_\_

Signature of person responsible for payment

