

INTAKE FORM

CLIENT

Title _____ Name _____ Surname _____ Age _____

Date of Birth _____ email _____

☎ (H) _____ ☎ (W) _____ 📱 (C) _____

Occupation _____ Employer _____

Address _____ Code: _____

REFERRING DOCTOR

Referring Doctor/Person _____ ☎ _____

Are you on any medication? Yes / No If yes, what and for how long? _____

MEDICAL AID

Please be aware, that this practice is contracted out of medical aid, and it is your responsibility to make payment at the time of the session, and then claim a refund from medical aid (as applicable). My professional hourly rate is R900.

Medical Aid _____ Membership number _____

Principal Member - Responsible for account (complete only if different from Client details)

Surname _____ Name _____

Date of Birth _____ ID No. _____

☎ (H) _____ ☎ (W) _____ 📱 (C) _____

Occupation _____ Employer _____

Permission to email account statement: Yes No

Email address to send statement: _____

NEXT OF KIN

Contact details of person to contact in the case of an emergency:

Name _____ Surname _____

Relationship _____  _____

GENERAL

Where did you hear of my services? _____

Have you been to a psychologist before? Yes No

If yes, when and for what reason: _____

Please give a brief description of your purpose in seeking therapy/coaching/assessment at this stage:

Is there **anything** else that you feel I should be aware of? Any information not disclosed that affects decisions around interventions is not the responsibility of this practice:

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 client

Signed _____

Date _____

Signature of person responsible for payment (if different from client)

