



Finding Maia Counselling



CLIENT INTAKE FORM - YOUTH / TAMARIKI

Name _____

Date _____

DOB _____

Preferred Pronouns _____

Guardian _____

Emergency Contact

Home Phone _____

Name & Number _____

Mobile _____

Current Doctor

May I leave a message at the above numbers? Yes/No

Name and Practice _____

Email Address _____

OT Involvement Yes/No

Previous Mental Health Supports:

Medications:

Sleep Quality:

****Please tick if you have experienced any of the following:**

- | | | |
|---|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Sleeping Challenges |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Suicidality (thoughts) |
| <input type="checkbox"/> Communication Challenges | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Suicidality (actions) |
| <input type="checkbox"/> Emotional changes | <input type="checkbox"/> Ongoing Illness | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Parenting Concern | <input type="checkbox"/> Others, please specify" |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Poor Concentration | _____ |
| <input type="checkbox"/> Drug/Alcohol Dependence | <input type="checkbox"/> Self Harm (thoughts) | _____ |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Self Harm (actions) | _____ |
| <input type="checkbox"/> Financial Concerns | <input type="checkbox"/> Sexual Assault | _____ |

Please specify on any of the conditions circled above:

On a scale of 1-10:

1

5

10

My problems are in control of me _____ I am in control of my problems

What would you like to achieve by attending therapy?

Is there anything else you would like to mention?



New Client Information



Confidentiality

- All session information is confidential. Any safety concerns including safety to yourself, a disclosure that you may hurt others or are being harmed by someone else will be reviewed with Kelsey to identify the best way to ensure safety.
- Kelsey Clin will take notes during sessions. These are kept confidential and secure.

Session Times

- Sessions are 45-50 minutes. You may be notified towards the end of the session to aid in therapeutic closure of session.
- To respect your therapeutic slot and other client's times, if a client arrives late the session will still complete at the scheduled time.

Contact out of Session Times

- Kelsey does not provide any counselling outside of session times via email, text or phone. If a message of a therapeutic nature is received it will not be responded to until the next arranged session time.

Cancellation Policy

- 24 hour's notice is asked for cancellation of an appointment. Any cancellations within 24 hours of your scheduled appointment will be charged full session fee. EAP client sessions will be managed according to EAP's cancellation policy.
- Please provide notification of any cold or flu symptoms. It is asked that if you are unwell you notify me as soon as possible and we will reschedule your session.

Complaints or Concerns

- Kelsey is happy to discuss any concerns or complaints.
- Alternatively, you may contact Kelsey's NZAC supervisor, Yvonne Foster-Beentjes at Foster Supervision for any complaints or concerns that may arise.

Payments

- Session fee is \$140 per session.
- It is asked that you pay for sessions on the same day of that session. Late payment for appointments may cause requirement to have session pre-paid before attendance to schedule new appointments.
- Payments made to Westpac Account- Finding Maia Counsel 03-1599-0453747-001
- EAP appointment payment process will be discussed with client.

Name _____

Signature _____

Date _____