

# Confidential Client Information Form

NAME OF CHILD: .....

NAME OF PARENTS: .....

POSTAL ADDRESS: ..... POST CODE: .....

PHONE: Home ..... Mobile .....

Parent's Mobile: Mother ..... Father.....

PARENT'S E-MAIL ADDRESS: .....

It is important that I am aware of your child's state of health - physically, emotionally and mentally. The answers to the following questions are to assist me and will be kept strictly confidential (see over for exceptions).

**Age and School year:** .....

**BIRTH DETAILS:**

Date of birth: ..... Type of delivery &/or any complications: .....

If not born in Australia - what is the country of origin: .....

Age when they came to Australia: .....

**FAMILY OF ORIGIN:**

Parents cultural heritage: .....

If either parents have passed, when did they die? Mother ..... Father .....

Living with: Both Birth Parents..... Mother only..... Father only..... Step-Mother.....

Step-Father ..... Adoptive Parents ..... Orphaned ..... Fostered ..... Other.....

Parents separated? Yes..... No.....

If so when: .....

Who is main carer: .....

How is the contact with 'other' parent: .....

Number of siblings: Brothers ..... Sisters ..... What number child is this child.....

Any half or step brothers/sisters?.....

Have any siblings died? If so how and when .....

Any other relevant information about family: .....

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**Tick a yes or no** answer to each question and elaborate on any question to which you answered "yes".

QUESTION	NO	YES - DETAILS
1. Does your child have a past history of, or currently suffer from any of the following:		
a) Severe mental illness		
b) Recent surgery		
c) Past or recent physical injuries, including fractures or dislocations		
d) Epilepsy/Seizures		
e) Asthma - If yes, bring inhaler.		
f) Diabetes		
2. Have they ever been hospitalized for medical reasons?		
3. Have they ever been psychiatrically hospitalized?		
4. Are they currently taking any prescribed medications?		

ANY RELATIONSHIP CHANGES IN FAMILY OVER LAST 2YRS? eg. Separation/divorce, severe illness, death:

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ANY LIFESTYLE CHANGES FOR FAMILY IN LAST 2YRS? eg. Family set-up, moving, school changes:

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IS THERE A FAMILY HISTORY OF MENTAL ILLNESS, ANXIETY, DEPRESSION, POST-NATAL DEPRESSION?

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ANY FAMILY/CHILD HISTORY OF ADDICTIONS, SELF HARM, EATING DISORDERS? .....

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IS THERE A HISTORY OF VIOLENCE OR ABUSE WITHIN FAMILY? eg. Emotional/verbal abuse, assault, incest, rape:

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HAS THE CHILD WITNESSED OR BEEN SUBJECTED TO ANY PHYSICAL/SEXUAL/EMOTIONAL ABUSE OR OTHER TRAUMATIC EVENTS? .....

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IF YOUR CHILD IS UNDER THE CARE OF A MEDICAL DOCTOR/PSYCHOLOGIST OR PSYCHIATRIST AND I NEED TO CONTACT THEM WOULD I HAVE YOUR PERMISSION TO SPEAK WITH THEM? YES..... NO.....  
(If yes, please give name and contact details of health professional).....

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FURTHER COMMENTS OR ANY OTHER INFORMATION REGARDING YOUR CHILD'S PHYSICAL, EMOTIONAL, OR MENTAL STATE OF HEALTH: .....

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ANY OTHER TYPES OF COUNSELLING OR THERAPY THAT YOUR CHILD HAS DONE PREVIOUSLY, OR IS INVOLVED IN NOW: .....

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WHAT ARE THE MAIN ISSUES THAT YOU WOULD LIKE TO ADDRESSED FOR YOUR CHILD: .....

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**CONSENT**

As part of providing a counselling/supervision service to your child I will need to collect and record personal information to do with name, address, contact details and some on-going notes documenting what happens during the appointment.

**CONFIDENTIALITY**

All personal information gathered during your child’s work with me will remain confidential except when:

- 1. It is subpoenaed by a court, or
- 2. Failure to disclose the information would place the child and/or another person at risk, or
- 3. Your prior approval has been obtained to discuss this information with another person.

**CONSULTATION FEE AND CANCELLATION FEE POLICY**

Fee for standard 1.5hr appointment is \$155; 1hr appt \$130;  
 Payments can be made by Credit Card, Eftpos, Cheque or Cash *NB: \$5 discount for cash payments*  
 A cancellation fee of \$100 may apply if less than 24 hrs notice is given.  
 Full consultation fee will apply for last minute cancellations or failing to attend appointment.

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT**

I hereby confirm that I have read and understood the above information and have answered all questions completely and honestly, and I have not withheld any information about my child.

NAME OF PARENT WHO HAS COMPLETED THIS FORM AND IS SIGNING: .....

SIGNATURE OF PARENT OR GUARDIAN: .....

DATE: .....