

Saving-Time Form



Please bring the completed form when you attend our first meeting. The contents in this form will be protected as confidential information. The purpose of it is to make full use of our time together on the issue you want to resolve.

PLEASE USE PRINT TO COMPLETE THE FOLLOWING:	OFFICE USE ONLY
FULL NAME: _____ Name of parent/guardian (if under 18 years): _____	
Birth Date: ____/____/____ Age: ____	
RELATIONSHIP STATUS <input type="checkbox"/> Single <input type="checkbox"/> In a committed partnership <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Please list any children and their ages: _____	
LANGUAGES SPOKEN: _____	
ADDRESS: _____ _____ _____	
PHONE NUMBER: _____	
EMAIL ADDRESS: _____ * Please note: As email is not a tight confidential medium of communication (please read my Social Media Confidentiality policy), my emails content will be general material/resources or info on your upcoming booking status.	
PREFERRED MODE OF CONTACT: <input type="checkbox"/> email <input type="checkbox"/> phone	
Have you previously used any type of mental health services? (psychotherapy, psychiatric, psychologist, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, previous therapist/practitioner: _____	
Do you drink alcohol frequently? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<p>Do you engage in recreational drug use?</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently <input type="checkbox"/> Never</p>	
<p>Are you currently in a romantic relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If you are on a scale of 1-10, how would you rate your relationship? <input type="checkbox"/></p>	
<p>Are you currently taking any prescription medication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list: _____</p> <p>_____</p>	
<p>How would you rate your current physical health?</p> <p><input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Very good</p>	
<p>FAMILY MENTAL HEALTH HISTORY:</p> <p>Please identify with a tick if there is you have a family history of any of the following.</p> <p><input type="checkbox"/> Alcohol/Substance Abuse Anxiety</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Suicide Attempts</p>	
<p>NAME OF PERSON RECOMMENDING MY COUNSELLING SERVICE (if any): _____</p>	
<p>NAME OF PRIVATE MEDICAL INSURANCE</p> <p>_____</p>	

May I remind you that **the cost of the session is \$110.**

Payments can be done in cash on the day or, using **direct pay** prior to the session:

Ines Pintos-Lopez
St. George Bank
BSB number: 112-908
Account number: 429435808