**1. Patient Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Date of Birth |  | | |

**2. Person Responsible for Account**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title, Name, Surname |  | | I.D. No |  | | |
| Residential Address |  | | | | | |
|  |  | | | | | |
| Postal Address |  | | | | | |
|  |  | | | | | |
| Employee Name and Work Address |  | | | | | |
|  |  | | | | | |
| Contact No’s | Home |  | | | | |
|  | Cell |  | | | | |
|  | Work |  | | | | |
|  | Fax |  | | | | |
|  | E-mail |  | | | | |
| **Medical Aid** Name |  | | Medical Aid No | | |  |
| Principal Member Name |  | | I.D. No | |  | |

**4. Family Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Close family member |  | Contact No |  |
| E-mail Address |  | | |
| Brief Description of trauma/difficulties | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s / Guardian/s Signature: Date

**CONTRACT**

**Please read, then, tick each point as confirmation of acceptance thereof**

A rate of **R650 per 1 hr session** will be charged for counselling.

Please make bookings online and note that this practice is run on a **cash-up-front** basis. Bank details are provided below.

It is the Clients responsibility to claim from their Health Care Provider.

Appointments not cancelled the day before, will be charged at the full standard rate. After the 2nd missed session the weekly slot will be re-allocated.

Reports **will not** be written.

No court work, court reports, consultations with legal representatives will be entered into.

Counselling will not commence prior to this contract being completed and returned via email: clairedejagertherapy@gmail.com.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s / Guardian/s Signature:Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Worker/Counselor Date