

Tanya Neate

COUPLE INTAKE FORM

Date: _____

	Partner 1	Partner 2
Given Name		
Surname		
Date of Birth		
Best Contact Number		
Email		
Occupation		
Years Together		
Address		
Child 1 (Name/Age)		
Child 2 (Name/Age)		
Child 3 (Name/Age)		
Child 4 (Name/Age)		
Sexuality (<i>Optional</i>)		

Please complete side two.

Tanya Neate

Concession (DVA, Disability, Seniors, Centrelink, Student):

–

Optional: Faith Tradition (Christian, Muslim etc)

Referred by, or how you heard about Tanya Neate Counselling Services

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I understand that the counselling process is a professional one and that client confidentiality applies. I understand there are some limitations to the privacy act and understand I can discuss this with my counsellor at any time. I give my counsellor permission to contact me on the above given number regarding appointments etc.

(Both please sign)

Partner 1: _____

Partner 2: _____

Cancellation Policy

Sessions that are missed due to forgetfulness, or cancelled with less than 24 hours notice, will be charged at the rate of your normal counselling sessions. Late payments must be made within one week of the missed appointment.

