

Date: _____ Full name: _____

Date of Birth: _____ Country of Birth: _____

Best Contact Number: _____ Email Address: _____

Address: _____ Suburb: _____

Post Code: _____ Emergency Contact: _____
(Name and Number)

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

Optional: Faith Tradition _____
(Christian, Muslim etc)

Optional: Sexuality _____
(Gay, Lesbian, Bisexual, Straight, Questioning)

Optional: Gender _____
(Male, Female, Intersex, Transgender, Questioning)

Reason for Counselling: _____
(Relationships, Depression, Trauma, Sexuality, Anxiety, Stress, Conflict, Abuse, Grief etc)

Referred by, or how you heard about Tanya Neate Counselling: _____

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. (Please sign)

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.