

WILLOW THERAPY

CONFIDENTIAL COUNSELLING INFORMATION SHEET



If the client is under the age of 18, this form must be completed by a parent or guardian on their behalf

Full Name Entering Session (Client) : DOB (Client) : / /

Gender (Client) : Pronouns (Client) : Age (Client) :

Full address (Client) :

..... Postcode :

Phone or Mobile Number : Email :

In case of medical emergency, your local GP may be contacted

GP Name:

GP Address : Postcode :

GP Phone or Mobile Number :

Notice - Terms & Conditions: Payment will be required at the end of each session by BACS. This is sent out via text or email. Payable within 24 hours following the session. **48 hours notice is required for cancellation of all appointments, or full fee is due.** Price lists are reviewed annually, in September.

(Circle relevant answer below. Please provide additional information for each point on Page 6 of this form)

- | | |
|--|----------|
| 1. Is your GP aware of any concerns? | Yes / No |
| 2. Are there any outside agencies involved? | Yes / No |
| 3. Are you/your child currently taking any prescribed medications? | Yes / No |
| 4. Have you ever had counselling before? | Yes / No |

Signed (Client) [Please tick here if you are signing for a child under 18] :

For child or student sessions only, please fill in the below section

School/Collage/Univeristy Attending :

Signed (Child to sign if deemed age appropriate) :

Parent/Guardian's contact details if different from above :

Name : Mobile Number : Email :

Second Parent/Guardian's contact details :

Name : Mobile Number : Email :

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Additional Family Member Details (for children, family and couples sessions only)

1. Full Name : DOB : / / Age :
Full address (if different) : Postcode :
Phone or Mobile Number : Email :
GP Name : GP Phone or Mobile :
Medication (If relevant) :
Other agencies (eg CAMHS, Mental Health Professionals, SS) :

2. Full Name : DOB : / / Age :
Full address (if different) : Postcode :
Phone or Mobile Number : Email :
GP Name : GP Phone or Mobile :
Medication (If relevant) :
Other agencies (eg CAMHS, Mental Health Professionals, SS):

3. Full Name : DOB : / / Age :
Full address (if different) : Postcode :
Phone or Mobile Number : Email :
GP Name : GP Phone or Mobile :
Medication (If relevant) :
Other agencies (eg CAMHS, Mental Health Professionals, SS):

4. Full Name : DOB : / / Age :
Full address (if different) : Postcode :
Phone or Mobile Number : Email :
GP Name : GP Phone or Mobile :
Medication (If relevant) :
Other agencies (eg CAMHS, Mental Health Professionals, SS):



Terms & Conditions

Client, Please Retain For Your Records

All information is kept confidential in accordance with BACP code of ethics: British association of counselling and psychotherapy. For further information on counselling and for the Complaints procedure please refer to the BACP website: www.bacp.co.uk.

- Please Note that 48 hours' notice is required for all cancellations or full fee will be required. This notice also applies to late cancelation due to sickness.
- It is the clients responsibility to remember appointment times set up with the counsellor.
- Willow does not accept responsibility for reminder messages.
- Payments can be made in cash or by BACS.
- When seeing a designated Willow counsellor. Sessions are paid directly to your counsellor. This is discussed at the initial meeting.
- BACS payments are required within 24 hours of the session.
- When payment is to be made by BACS a text or email is sent out at the end of the working day. This message will contain the details of the fee to be paid and the account and sort code details.
- If payment is not received within 24 hours a gentle reminder message is sent out as standard procedure to remind clients.
- If BACS payments are consistently late, payment will be required in advance of each session.
- Please note when making a BACS payment your account name will appear on our bank statement.
- Childrens' sessions are designated to the child therefore Willow asks that no siblings are allowed to sit for the designated hour in the waiting room. This allows the child to feel at the centre of the process.
- For further information on child sessions please enquire, via becky@willow-therapy.com.
- Willow Therapy has a wesbite that you can find at www.willow-therapy.co.uk as well as a dedicated Facebook business page for professional practice, which you are welcome to follow.
- **On completion of this assessment form your session space is secured.**

Please be aware that if you like or comment on our social media your name will be visible.

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Signed Agreement

Client, Please Retain For Your Records

If contacting Willow Therapy regarding any concerns, please use these numbers. Please contact us via the details listed below regarding appointment changes :

- 📞 Mobile (Contact & text) : +44 (0) 7979 814007
- ✉ Email (Contact & queries) : becky@willow-therapy.com
- ✉ Email (Billing & invoice enquiries) : admin@willow-therapy.com

Willow Therapy Tring

I have read and agree to abide by the terms and conditions of the agreement entered with Willow Therapy. I agree to adhere to the cancellation policy and the payment policy of Willow Therapy.

A parent/guardian must sign this agreement if the client is under 18. If you have agreed to sign on behalf of said client (Under the age of 18) as their parent/guardian, please tick here .

Signature

Print Name :

Signature :

Date :

Allocated Counsellor Signature

Print Name :

BACP No :

Mobile :

Signature :

Date :



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Signed Agreement

Willow Copy

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Willow Therapy Tring

I have read and agree to abide by the terms and conditions of the agreement entered with Willow Therapy. I agree to adhere to the cancellation policy and the payment policy of Willow Therapy.

Who is funding sessions? :

Emergency Contact Number : Email :

A parent/guardian **must sign this agreement if the client is under 18**. If you have agreed to sign on behalf of said client (Under the age of 18) as their parent/guardian, please tick here .

Signature

Print Name :

Signature :

Date :

Allocated Counsellor Signature

Print Name :

BACP No :

Mobile :

Signature :

Date :



