

Gateway Counselling & Wholeness Centre New Client Intake form

Surname..... Given names.....

Address.....

Post Code.....

Phone No.....(Home).....(mob)

Email address.....

Yes, I would like email notification of upcoming GCWC seminars and workshops.

Date of birth.....Marital status.....

Occupation.....

Who do you give us permission to contact in case of emergency:

Name..... Phone No.....

How did you hear about our service?.....

Do you have any medical conditions?.....

Are you currently taking any medications?.....

Are you seeing a medical practitioner?.....

Do you have a concession card?.....

Have you previously undertaken counselling or psychological treatment?.....

If yes, please list date.....

All counsellors at Gateway Baptist Counselling & Wholeness Centre are registered members of the Australian Counselling Association (ACA), Christian Counselling Association Australia (CCAA), and/or PACFA, Australian Association of Social Workers (AASW) or Australian Psychological Society (APS). This ensures that all counsellors follow a specific code of conduct and are accountable to their professional bodies for their level of professional and ethical practice. Confidentiality is assured in accordance to the Privacy Act 2000. All information disclosed to your counsellor will be kept strictly confidential, except in the case of a court order, the disclosure or a serious criminal offence, or where there is imminent danger of risk of harm to self or others.

All counselling undertaken is confidential and is therefore not reportable. Any notes taken by your therapist are for their therapeutic use only.

Client signature.....

Print name.....**Date**.....