



CLIENT INTAKE FORM

Welcome

Welcome to **Care TO Bloom**. In order to help your practitioner, prepare for your session, please complete the following form. If you have any questions or are unsure what to write, please let your therapist know.

About You

First Name:

Last Name:

Date of Birth:

Date of First Appointment:

Home Phone:

Mobile:

Email:

Address:

Emergency Contact Name:

Emergency Contact Phone:

Payment Information

Payment is required on the day of the appointment unless otherwise arranged and can be made by credit card, EFTPOS, bank transfer or BPAY.

Referral Details

| | | |
|---|---|---|
| Do you have a Mental Health Care Plan? | Y | N |
| Do you have a Referral letter for the Mental Health Care Plan, signed by your doctor? | Y | N |
| Do you have an NDIS referral? | Y | N |
| If yes, do you have a copy of your NDIS plan? | Y | N |
| If yes, who is your Support Coordinator? | | |
| Were you referred through your Employer? EAP? | Y | N |

CARE TO BLOOM COUNSELLING

Caretobloom.com

Caretobloom@gmail.com



Who is your employer?

Claiming Details

Your Medicare Number:

Your NDIS Number:

Your EAP Number:

Presenting Issues

Please briefly describe the reason for your visit:

How long has this been a problem?

What have you already tried to fix it / reduce it / improve it?

Cancellation Policy

Thank you for respecting our time as we respect yours. Our cancellation policy states that your credit card will be charged **\$50** of the session fee for cancellations made within **24 hours** prior to the session. If cancelled within 24 hours of the session, you will be charged **\$50** of the session fee. Unless there is a medical emergency for yourself or a family member.

I, _____, have read and understood this Intake Form and agree to the above conditions and terms of service.

Client Name: _____

Client Signature: _____

Date: _____

If client is under 18 years of age:

I, _____, provide consent for the exchange of verbal and written correspondence

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about my child's service at **Care To Bloom** be provided to:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Thank you for choosing **Care To Bloom** to support you in your journey. If you have any questions, please do not hesitate to **contact Care To Bloom either via telephone: 0424791888 or via email: caretobloom@gmail.com.**