



Dreaming Tree Counselling

Your Details

First name: _____ Last name: _____

Any previous name(s): _____

Address: _____

Contact number **(Ph)**: _____ **(M)**: _____

Email: _____

Is it okay to leave a message identifying myself as Bree or Dreaming Tree Counselling? **Y / N**

Date of birth: _____ Age: _____ Sex/Gender: _____

Preferred language: _____

Will you require an interpreter?: **Y / N** Are you of Aboriginal or Torres Strait Islander origin?: **Y / N**

Current relationship status (tick one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> N/A (person aged under 15 years) |
| <input type="checkbox"/> De Facto | <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated (as of): _____ |
| <input type="checkbox"/> Divorced (as of): _____ | <input type="checkbox"/> Other Relationship: _____ | |

Emergency Contact

Name: _____ Relationship to you: _____

Address: _____

Contact number **(Ph)**: _____ **(M)**: _____

Is it okay to identify myself as Bree or Dreaming Tree Counselling to your emergency contact? **Y / N**

Brief History

Are you currently working? If so, what is your occupation? _____

- | | |
|---|---|
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Not in the labour force (e.g. stay at home parent, volunteer, not looking for employment, student, retired, etc.) |
| <input type="checkbox"/> Casual | |
| <input type="checkbox"/> Self-employed | |

Have you received - or are you currently receiving - counselling/therapy: **Y / N** When?: _____

Are you currently, or have you been, involved with a self-help group (e.g. NA/AA/CODA/Al-Anon)?: **Y / N**

Do you have any current legal issues?: If so, what? _____

Are you currently taking any medication?: **Y / N** If **yes**, please list medication and dosage:

Do you have any current physical or mental health concerns?: **Y / N** If **yes**, please describe here:

To what extent does the above symptom(s) impair your daily functioning?: _____

Have you ever been hospitalised for psychiatric concerns?: **Y / N** When?: _____

Are you currently contemplating suicide? **Y / N**

How were you referred to Dreaming Tree Counselling?:

- | | | |
|------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> GP | <input type="checkbox"/> Other: _____ |

If not referred, how did you hear about Dreaming Tree Counselling?:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Internet search (Google) | <input type="checkbox"/> Social Network (Facebook, Google+, Twitter) | <input type="checkbox"/> Mail drop | |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Brochure | <input type="checkbox"/> Business card | <input type="checkbox"/> Other: _____ |

What is the main purpose that brought you here today?: _____

What do you hope to achieve from counselling/therapy?: _____

Preferred appointment day(s)/time(s): _____

**** YOUR SIGNATURE IS REQUIRED AT THE END OF THIS DOCUMENT (p. 5). THANK YOU ****

Informed Consent

About your counsellor/therapist:

Your counsellor and therapist, Bree Rhodes, received a Masters of Applied Social Science in Counselling and is qualified to practice counselling and psychotherapy. Bree has been practicing mental and behavioral health counselling and therapy since 2008 and has worked with an eclectic clientele in both agency and private practice settings. Currently, Bree is an Academic Educator of Counselling, and holds Clinical Counselling Registration with the Psychotherapy and Counselling Federation of Australia (PACFA) #22211.

About the counselling and therapy process:

Participation in counselling and therapy is generally voluntary. You (the client) are required to participate on your own accord, unless mandated by a court order. If mandated by a court order, clients are required to attend as stipulated on the order, otherwise the client may incur consequences by the issuing body.

Please be aware that it is not uncommon for things to get worse before they get better. Your counsellor will honour that process and is available to fully discuss your expectations of the outcome of counselling and therapy. Your counsellor will also discuss with you possible models and interventions which may be helpful for your presenting issue(s). When necessary, alternatives and adjuncts to counselling may be explored such as group counselling or referral to another practitioner and/or agency.

There are risks involved when engaged in counselling and therapy interventions. For example, clients may feel overcome by negative emotions when they discuss traumatic experiences. Your counsellor is trained to ensure that these risks are minimised. Should you feel at risk, it is your responsibility to address the issue with your counsellor/therapist as soon as possible.

The therapeutic alliance that you build with your counsellor/therapist is an intimate process. It is important to be aware that your counsellor/therapist may only engage with you professionally; any personal relationships created between counsellor/therapist and client are discouraged by PACFA's Code of Ethics.

Confidentiality Policy and Grievance Procedure

Dreaming Tree Counselling is committed to providing you with the highest level of professional counselling and therapy services. This includes protecting your privacy and adhering to PACFA's Code of Conduct.

Legally and ethically, your counsellor is required to collect and record personal information about you that is relevant to your current situation. It is your choice to provide this information. However, not providing information may impact upon the service that you are receiving. All personal information collected by your counsellor is confidential and secure. Information can only be disclosed if:

- it is to protect you or others from harm,
- a court order is mandated, or
- you have provided written permission

Due to the limitations of technological security, electronic correspondence (e.g. mobile phones, texting, email, etc.) may pose risks to breaching confidentiality that are outside of your counsellor's control. Please be aware of this when engaging in these forms of communication.

Counsellors are required to receive ongoing supervision from a registered supervisor to ensure best practice is being provided for you, the client. Information you provide to your counsellor may be shared with the counsellor's supervisor for the purpose of effective care and clinical management. No *identifying* information will be shared.

Please help ensure that Dreaming Tree Counselling has accurate information about you by informing your counsellor of changes in your circumstances (e.g. name, address, telephone number, email).

It is encouraged that any concerns experienced within the therapeutic relationship are addressed directly with your counsellor first, as this can be an important part of the therapeutic process. Should you feel

violated, harmed, or discriminated against, you may file a grievance. Dreaming Tree Counselling follows the grievance procedure of PACFA.

Client Rights and Responsibilities

Client Rights

As a client of Dreaming Tree Counselling, you have the right to:

- be informed about the treatment you receive
- have your information treated confidentially
- be free from harm, discrimination, and/or exploitation by your counsellor/therapist
- receive a just and fair service that respects your human rights and dignity and upholds 'best practice' standards
- be informed in advance of any foreseeable conflicts of interest or as soon as possible after such conflicts become apparent
- receive a referral based upon personal needs

Client Responsibilities

As a client of Dreaming Tree Counselling, you have the responsibility to:

- maintain appointments by arriving punctually and consistently
 - notify your counsellor/therapist 24-hours in advance to make changes to scheduled appointments
 - make payments punctually as advised on Dreaming Tree Counselling's Fees and Payment Policies
 - discuss any concerns with your counsellor/therapist as soon as they arise
 - refrain from aggressive behaviour
 - provide your counsellor/therapist with any relevant information that would contribute to effective treatment
 - avoid contacting your counsellor/therapist after 7pm
 - contact appropriate services (e.g. 000, Lifeline, RBH) in the event of emergency
- *Please refer to PACFA's (<http://pacfa.org.au>) Code of Ethics for more detailed information.*

Fees, Payment, and Cancellation Policy

Fees for counselling and therapy sessions *(including online and phone)*:

- Individual: 60-minute session - \$165*
 - Couples/joint and initial/intake sessions: 90-minute session - \$205*
 - Families: 90-minute session - \$250*
 - DBT Skills Program: 90-minute session - \$210*
 - Group Counselling (e.g. "THRIVE"): contact for current rates (up to 10 members)
- *\$25 surcharge for **after-hours** appointments (starting **from 5pm**); 60-minute sessions only*

Payment:

Fees are payable at the time of the session by cash, credit, direct deposit or EFTPOS. Invoices are provided for online and administrative services. Administrative requests are billed at the hourly rate.

Cancellation Policy:

Should you need to cancel or reschedule your appointment, a 24-hour notice of these changes is required. A fee will be charged for appointments that are missed or cancelled less than 24-hours of the scheduled appointment time, the total of which dependent upon the type and length of appointment that was originally scheduled (e.g. \$90 – 60-minute individual session; \$110 – 90-minute couples/DBT session; \$130 – 90-

minute family session). This fee must be paid in addition to the consultation fee at (or prior to) the next appointment.

Rebates:

While Medicare rebates are not available, certain private health providers (e.g. Medibank Private, Australian Unity Health, Bupa, and Westfund) may offer counselling service rebates depending on your eligibility with your nominated provider. More information regarding eligibility may be found on Dreaming Tree Counselling's FAQ page. For more details, please contact your private health provider.

Animal Assisted Therapy (AAT) Screening and Consent Form

Your counsellor/therapist may be working with the assistance of a professionally trained and assessed therapy dog depending on your appointment. This is provided as an additional service (optional) at no additional fee, therefore please note that all appointments will commence as scheduled in the absence of the therapy dog in the event of illness or injury. While the therapy dog is well trained, socialised, and has been assessed by a government recognised training facility, please be aware that there are risks to working with animals. These include the risks of allergies and personal injury.

****Working with the therapy dog is always an option and you may decide on the day to opt in or out of animal assisted psychotherapy (AAT).***

Would you like to participate in AAT? **Yes/No** (if 'no' do not complete the remainder of this form)

If 'yes' please complete the following:

Do you have any (circle one):

Fears or phobias in relation to dogs: **Y/N**

History of aggression or abuse toward animals: **Y/N**

History of aggression toward people: **Y/N**

Any negative experiences with animals: **Y/N**

Animals you have had as pets: _____ Allergies to dogs: **Y/N**

- I acknowledge that I have no known illness or allergy that would prevent me from interacting with and handling the therapy dog.
- I understand that the therapy dog undergoes routine vet checks to maintain their health, however there are some illnesses that can pass between humans and dogs.
- I understand that the therapy dog is socialised, trained, and assessed by a government recognised training facility to work with people, however I acknowledge the risks of working with animals, including the risk of injury.
- I understand that following the counsellor/dog handler's instruction on interacting with the therapy dog at all times is crucial to enjoying a safe interaction with the dog.
- I am aware that, for safety reasons, I will not be left alone with the therapy dog.
- I have previously disclosed any pre-existing dog phobias, fears, behavioural issues, and/or aggressive experiences with animals.

Please note: it may not be safe for people whom are immune-suppressed to work with therapy animals. Please consult this with your doctor and have them express their approval in written form.

I have read and understood the above information and I accept the terms of Dreaming Tree Counselling.

Client Signature(s): _____

Counsellor Signature: _____ **Date:** ____/____/____