

Into Blue Expressive Therapies

Client Consent Form

Name.....Date.....

Address.....

Phone No.....Mob.....

Email.....

Main concern

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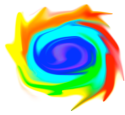
CAUTIONARY INFORMATION

The various modalities of Expressive Therapies may involve experiences, which can sometimes induce strong emotional and physical responses. Because of this, they may be incompatible with some medical conditions: for example severe mental illness, recent surgery, fractures or epilepsy. Please advise Jo if you are pregnant. Please feel free to discuss any concerns prior to the session.

Do you have a past history of, or are you currently suffering from any of the following?

- Abuse – physical, psychological, emotional, sexual
- Allergies
- Anxiety
- Asthma
- Bipolar Disorder
- Cancer
- Cardiovascular disease
- Current communicable disease (HIV/hepatitis)
- Current heart condition
- Depression
- Diabetes
- Epilepsy
- Headaches
- High blood pressure/Low blood pressure
- Mental illness
- Nervous disorders
- Osteoporosis
- Obsessive compulsive behaviours
- Panic attacks
- Physical injuries
- Psychiatric condition
- Recent surgery
- Retinal detachment
- Suicidal thoughts or attempts
- Stress related illnesses
- Substance Abuse
- Trauma





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Do you suffer from any other major medical condition?

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Have there been any changes to or concerns with

- Anger
- Anxiety
- Behaviour
- Communication with others
- Control of emotions
- Depression
- Eating
- Health
- Fitness
- Employment
- Relationships
- Relaxing
- Socialising
- Sleeping
- Stress

APPOINTMENTS

Please give adequate (24hrs.) notice where possible if you are unable to attend your appointment. Forgotten appointments and late cancellations will incur a fee of \$50.00.

PSYCHOTHERAPY/COUNSELLING SESSIONS

To maximise the benefit of counselling and psychotherapy it is recommended that clients commit to a minimum of three consecutive sessions. Personal information will be treated with respect and confidentiality.

CONSULTATION FEES

90min session \$195.00 or
60 min session \$130.00

You are encouraged to contact Jo Ablett if there are any concerns following a session.

I AGREE TO ENGAGE THE SERVICES OF JO ABLETT AS A COUNSELLOR/
PSYCHOTHERAPIST USING EXPRESSIVE THERAPIES.

I HAVE READ THE INFORMATION PROVIDED ABOUT EXPRESSIVE THERAPIES.

I AGREE / DISAGREE TO A FOLLOW UP PHONE CALL / EMAIL FROM JO ABLETT TO
DISCUSS MY PROGRESS.

Name

Signature

