

Child Consent Form



Date

Child's Name

Email

Phone

Age

Main Concerns

Please indicate if any of the following are relevant to your child:

- | | | |
|------------------------|---|--|
| Anger | Difficulty relaxing | Obsessive compulsive behaviours |
| Abuse | Eating disorders | Separation anxieties |
| Anxiety | Family separation | Self-esteem |
| Bullying | Fears | Self-harm |
| Birth difficulties | Grief | Sleeping difficulties:
getting to sleep or interrupted sleep
during the night? |
| Changes in behaviour | Interacting with others:
siblings, peers, adults | Social difficulties |
| Control of emotions | Lack of ability to empathise with others | Trauma |
| Cruelty to animals | Learning difficulties | Violent behaviour towards others |
| Depression | Night terrors | |
| Developmental concerns | | |

Child's Medical History

Pregnancy

Full Term

Premature

Complications [note below]

Child's Birth

Natural

Caesarean


Breast fed / bottle fed

Complications [including PND]

Major illness / medical procedures / surgery since birth?

Into Blue Expressive Therapies

ABN 27 792 485 144

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Does your child suffer from: [Parents are requested to remain on site for serious cases]

Allergies

Epilepsy

Physical injuries

Asthma

Headaches

Problems with back, neck and shoulders

Diabetes

Mental illness

Stomach cramps ['sore tummy']

Has your child ever had a paediatric assessment or been assessed for behavioural or learning difficulties?

Autism Spectrum Disorders [ASDs]

Attention Deficit Hyperactivity Disorder [ADHA]

Other

Attention Deficit Disorder [ADD]

Obsessive Compulsive Disorder

Please indicate if any of the changes listed below have been experienced by your child / family in the past two years:

Birth of a sibling

Family separation

Parent's new partner

Child with other carers

Medical procedure

Serious illness of a close friend

Dental procedure

Moved house

or family member

Death of a close friend or relative

Moved school

Names of Family Members:

Is your child currently using prescribed medication?

Appointments & Consultation Fees

Please give adequate [24 hours] notice where possible if you are unable to attend your appointment. Forgotten appointments will incur 50% of the full \$140 session fee.

60 minute Child Session: \$140

60 minute Parent Interview Session: \$140

[Parent interviews occur by phone or face to face prior to a session and after three sessions to assess, review and determine future direction]

I give permission for _____ to participate in counselling sessions with Jo Ablett.


I agree / disagree to a follow up phone call / email from Jo Ablett to discuss my child's progress.

Parent Name

Signature

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