

Dave Green

Registered Counsellor

BA (Psychology) LLB CFA MBA
BPsych Equiv Hons (Cum Laude)

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Board of Healthcare Funders practice no: PR. 09 10 635
Health Professions Council of SA registration no: PRC 00 38 105

Client's Personal Information

A. Client's Personal Details

Title		First name		Surname	
ID number		Date of birth			
Address					
Phone					
Email					

B. Responsible for Payment

If NOT the client, provide all relevant details	Sessions covered, if limited	
Individual name	Relation to client:	
OR Org. name	Contact person:	
Address		
Phone		
Email		

C. Medical Aid Membership

Medical scheme		Plan / option	
Membership no.		Main member	
Main mbr ID.		Main mbr Ph.	

D. Your Next of Kin (emergency contact)

Name & Phone	
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E. Doctor's Details (GP or Psychiatrist)

Name & Phone	
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F. How did you hear about me?

Source & Email	
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G. History and Medication

Previous counselling?	Y / N	When, and for...?	
On any medication?	Y / N	What, and for...?	
Reason for coming?			

Client's initials

Client's Informed Consent

Thank you so much for considering embarking on a counselling journey with me.

Here are a few of the things you might want to know about who I am, and how I work:

1. **I offer psychological services of** screening, assessment, supportive counselling interventions aimed at helping my clients to enhance their personal functioning in a variety of their life contexts, and referrals to other appropriate professionals. I also offer coaching and mentoring services based on my life and professional experience in law, finance and business.
2. **I offer counselling face-to-face and via Zoom** or other similar services. Where available I use passwords and other security features offered by these online services, but clients should be aware that there are still some risks inherent in electronic transmission of our conversations, and that these are of course not quite as secure as face-to-face counselling engagements.
3. **The content of our sessions is confidential.** I may thank referring colleagues, and confer professionally with them or a client's doctor or next of kin about a client. But I will only divulge information beyond this with clients' explicit consent, when required by law or court order, or when required to act to avoid anticipated harm to a client, a child, or a vulnerable adult.
4. **I record sessions in note, audio or video form.** I use these records to review our work together, to generate and consider ideas clients might find helpful, and to resolve any process-related questions. And I confidentially share excerpts of these records with trusted colleagues to facilitate my voluntary supervision in the skills of individual counselling and couples therapy.
5. **I offer 50-minute sessions, from 8am to 6pm.** I invite clients to schedule their own sessions via my website. I can't always respond promptly to messages, and so prefer to use these just for emergency changes to existing appointments. I ask for 24hrs notice of cancellations, if possible, failing which I may charge for the time lost if I haven't been able to help other clients.
6. **My latest fees are indicated on my website.** I expect clients to pay when making a booking. I don't charge medical aid rates, and I don't submit claims to medical aids on clients' behalf. My invoices may contain ICD10 procedure codes for clients who provide their medical aid details, so clients should be aware that their medical aids may get hold of this information.
7. **Protection of Personal Information Act No 4 of 2013.** I process personal information of adult or minor clients to provide the above psychological services, to administer our professional relationship, to communicate with other professionals about clients' treatment and management, to communicate with clients' medical aids, and to collect any moneys outstanding.

Thank you for reading this page. The formal stuff is tedious, so I've tried to keep it short.

If you consent to all that I've explained here, please initial, sign, and return both pages to me.

Place of signature

Date / month / year

Client's signature

Parent or guardian of minor client