



Ms. Kavita Mahajan
BPsychSci (Couns) Mcounts & Psychth
Certified Practicing Counsellor and Psychotherapist

INTAKE FORM

Thank you for choosing my practice to seek support. I value and prioritize creating an inclusive and safe environment for all individuals. To better serve you, please provide the following information.

PERSONAL DETAILS

Name:

Pronouns:

Name on ID (if different):

Date of birth:

Email address:

Mobile Phone

Home address and postcode:

Your preferred means of contact (eg. SMS, email, post)

LIVING SITUATION

With whom are you now living? Please list names, ages and relationship:

MEDICAL AND MENTAL HEALTH INFORMATION

Please list any physical health issues that you consider relevant to our working together:

Please list any diagnosed mental health conditions:



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MEDICAL AND MENTAL HEALTH INFORMATION

Do you consider these diagnosed health conditions to be accurate?

Do you have any accessibility requirements or preferences?

If you have a GP, please provide their name:

Name of their medical clinic:

Their contact details

Emergency contact(s): Please provide names(s), contact details and relationship with you

ENGAGING IN THERAPY

Have you previously consulted with: Tick what applies

Counsellor

Psychotherapist

Psychologist

Psychiatrist

What was helpful or unhelpful during those consultations?

What prompted you to make this appointment?

Are you likely to want to discuss spiritual issues?

Yes

No

Unsure

If yes, briefly explain:



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ENGAGING IN THERAPY

What do I need to know about you to best support you?

If not you, please advise the name and contact details of the person or organisation responsible for payment:

Signed:

Date:

Thank you for completing this form. Please be assured that your privacy with regard to the use and storage of this information will be respected in line with my Privacy Policy and the Australian Privacy Principles stated in the Privacy Act 1988 (Cth).



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It is important that you are as fully informed as possible about counselling and the counselling process prior to commencing therapy with me. For this reason, please read the following carefully and do not hesitate to ask any questions.

Informed consent - Agreement for counselling services

Some important facts about counselling

Professional counselling is a safe and confidential collaboration between qualified counsellors and clients to promote mental health and well-being, enhance self-understanding, and resolve concerns. Clients are active participants at every stage of the counselling process. (PACFA Scope of Practice for Registered Counsellors 2018, p.2).

People seek counselling for a wide variety of reasons. I look forward to exploring your reasons for making your appointment with me and to navigating the counselling journey together.

We are all unique human beings with our own history, perceptions, and expectations, and as a result the outcomes of counselling can vary widely. This means as your counsellor I cannot promise any particular outcome from the counselling process, but I can assure you that I am committed to best practice with you in resolving your concerns.

It's the very nature of counselling that these processes may deal with issues and aspects of your life that might spark or be a catalyst for triggering a wide range of feelings and reactions. It is important therefore to keep me informed of any such experiences should they arise, in order to ensure my support.

To help you get the best out of the counselling process, the following guidelines are useful:

- › aim to attend every scheduled session
- › be prepared to share your thoughts and feelings openly with me
- › complete any out-of-session tasks we agree to
- › when unsure, ask for clarification about any of the counselling activities being undertaken, and discuss any doubts or concerns you have with me.

My professional background and counselling approach

Having completed a master's degree in counselling I hold national registration as a Registered Clinical Counsellor with the Psychotherapy and Counselling Federation of Australia (PACFA) and Australian Counselling Association. I am listed on the Australian Register of Counsellors and Psychotherapists (ARCAP). Being a PACFA member I am subject to a wide range of professional and ethical requirements, and practice within the framework of the [PACFA Code of Ethics](#) and my State Government's Code of Conduct for unregistered health professionals.

I consider that the relationship established between the client and myself is central to the counselling process. I seek to provide an atmosphere that is respectful and non-judgmental in which each person can feel that their experience is understood and valued. I utilise an integrated and trauma informed approach to my counselling and draw on a range of theory to understand how to facilitate processes of change and growth including theory that addresses human development, personality and character, patterns of attachment, and contemporary psychodynamic theory.



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Some practicalities

Session frequency

A typical counselling session is 60 minutes in length. The frequency of sessions varies depending on the client and the nature of the concern; it is preferably scheduled weekly or fortnightly.

Sessions are offered in person or via telehealth. Sessions via phone or video conferencing are provided on the basis that we both:

- ensure that we have a confidential and uninterrupted space; this may or may not involve using a headset,
- will not record sessions, and
- as far as we are able, will aim to have reliable connectivity.

Please advise me not less than 24 hours in advance if you cannot attend an appointment. Failure to do so will incur a 50% charge.

In an emergency

As I do not provide a crisis service, if there is an emergency please contact:

- your doctor, or the emergency section of your local hospital
- Lifeline on 13 11 14, or the Mental Health Triage Service on 13 14 65.

Privacy

Australian Government Privacy Legislation applies to personal information collected about an individual that could be used to identify them directly or indirectly. Please find attached my privacy policy which forms part of this agreement.

Confidentiality

Your right to privacy encompasses confidentiality. Information discussed during our sessions is confidential and may not be shared with anyone without your written permission except when I am legally obliged:

- › to report a serious and imminent threat to the life, health or property of yourself or another
- › to report any abuse or neglect experienced by a young person under the age of 18 years, and/or
- › to release client records when required by court order.

Confidential written records are maintained to reflect the issues and goals identified in counselling sessions and are kept securely for seven years.

My supervision

I have an ethical responsibility to reflect on my counselling practice. As part of this professional reflection, I may discuss my work with you with my clinical supervisor. In such situations, content presented is de-identified.



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Acceptance by the client

I have read and understand this information, clarified my concerns, and agree to undertake counselling with Kavita. I understand that I can conclude my sessions at any time.

Client's name:

Client's Signature:

Date:

Counsellor's name:

Counsellor's Signature

Date:

Consent for information release/exchange

To assist the counselling process, I _____ give my consent for my counsellor, Kavita to communicate with my GP.

Whilst I understand that I may withdraw or alter this permission at any time, consent is given for three months from the signed date below.

Client's name:

Client's Signature:

Date:

Counsellor's name:

Counsellor's Signature

Date: