Adolescent & Family Counselling

Individual & Group Therapy

Dialectical Behaviour Therapy

DBT Skills Groups for Adolescents & Parents

Glenbrook Practice
GROWTH THROUGH AWARENESS®

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(Reg No: 2015/308832/07)

CHILD/ADOLESCENT CLIENT ADMISSION INFORMATION FORM

Surname: ..... First name: .....

Identity Number: .....

Address: .....

City: ..... Postal code: .....

Home phone: ..... Cell Phone: .....

Email address: .....

School & Grade: .....

PARENT/GUARDIAN DETAILS

Surname: ..... First name(s): .....

Relationship to client: .....

Identity Number: .....

Occupation & name of employer: .....

Work Address: .....

City: ..... Postal code: .....

Home phone: .....Cell Phone: ..... Work phone: .....

Email address: .....

Referred by: ..... Tel number: .....

PERSON TO ALERT IN CASE OF EMERGENCY: (if different to above)

Name ..... Contact number: .....

CONSENT FOR TREATMENT OF MINORS

Client name: .....

Date of birth: .....

Counsellor(s): Jonathan Mitchell

This document certifies that I give my permission to Glenbrook Practice and the counselor/s listed above for treatment of my child. This contract neither replaces nor alters the key-working role of others. I understand that DBT makes a distinction between the roles of my child's other providers and his or her therapist and that the DBT programme is skills based.

This treatment may include individual or group therapy and counselling. The treatment may include consultation with other associates.

This treatment may also include referrals to other appropriate professional agencies for further counseling with prior consultation with myself.

While the practitioners agree to take measures to ensure the safety and containment of the patient, they will not be held liable for any self-inflicted injury or relapse by client or otherwise, either during the course of the sessions or outside of those terms.

The practitioners will maintain confidentiality at all times. It is understood that they have permission to liaise with any relevant professionals such as psychologist, psychiatrist, school counselors and so forth regarding the client's treatment history and process.

Signature of Parents(s)/Guardian.....

Date: .....

Printed names of Parents(s)/Guardian: .....

Witness:.....

The agreed contracted fee is R460.00 per 55-minute individual session and R650.00 for family sessions. Fees cannot be claimed from medical aid, as there is no claim number accredited.

1. The client agrees to take full responsibility for the settling of an account directly after each session. The practice operate on a cash-only basis. Any other payment is by prior arrangement only. Failure to cancel a session without 24 hours notice will result in the full charge being levied for that session.

2. While the practitioner agrees to take measures to ensure the safety and containment of the client, he will not be held liable for any self-inflicted injury and/or relapse by the client or otherwise, either during the course of the session or outside of those times.

3. The practitioner will maintain confidentiality at all times. It is understood that he has permission to liaise with any relevant professionals such as psychologists, psychiatrists and so forth regarding the clients history and process.

4. There are some limits and exceptions to patient confidentiality:

CHILD OR ELDER ABUSE

Generally, Providers are required by law to report any known or suspected cases of child or elder abuse to the Children's Services Division or to any local law enforcement agency.

HARM TO SELF OR OTHERS

If a Provider learns that someone is about to kill or do harm to someone else she/he will do her/his best to warn the intended victim. If a Provider learns that a client intends to harm his/her self. The Provider will breach confidentiality to the extent necessary for his/her protection.

You acknowledge that you have read the above information, clarified any uncertainties and that you consider yourself bound to the contents therein.

Client Signature(s).....

Practitioner: J Mitchell .....

Signed at .....

Date:.....