



## REGISTRATION and CONSENT FORM

Full Name: \_\_\_\_\_

Date of Birth / Age : \_\_\_\_\_

I identify my Gender: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

GP Name and contact details: \_\_\_\_\_

Relevant medications: \_\_\_\_\_

*FOR EAP Clients only:*

Employer: \_\_\_\_\_

Part of the organisation (business Unit or location): \_\_\_\_\_

How many years have you worked there? \_\_\_\_\_

Reason for referral / what would you like to get out of sessions:

\_\_\_\_\_  
\_\_\_\_\_

### **PRIVACY / CONFIDENTIALITY.**

It is important you know that your privacy is protected at all times.

Your client file includes personal information and session notes and it is secured. This information will remain confidential unless it is subpoenaed by a court; you give me permission to disclose the information; or my failure to disclose the information places you or another person at risk.

- I have read and understood this information.
- I commit to doing my best to give at least 24 hours' notice if I need to cancel a session, or I am liable for payment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_