



## Welcome to Wholistic Mental Health Care!

This form consist of:

Section A - General Information

Section B - Intake Form

Section C - Consent Form

**Please note that counselling sessions will not take place unless this document has been read, signed and returned to your allocated counsellor.**

Please sign your initials at the bottom right corner of every page in addition to your signature on the last page.

Counsellor: Sumarie Engelbrecht  
HPCSA Registration Number: PRC 0042480

## Section A - General Information

Wholistic Mental Health Centre is an **online private practice**.

### Counselling Sessions Information

- All **counselling sessions are held online** on a platform mutually agreed upon by the counsellor and client (Usually held on Google Meets.)
- A counselling session will have a duration of **45 minutes**.
- Sessions are to be **booked by using the online booking form on [www.wholisticmhc.com](http://www.wholisticmhc.com)**

### Financial Commitment

Wholistic Mental Health Care will **bill you per session, in arrears** i.e. a bill will be sent to you after your consultation. This bill needs to be **settled within 48 hours** unless special arrangements have been made. Our rates are based on PsySA's guidelines.

We only accept EFTs. You can claim back from your medical aid.

**Your Initials**



## Section B - Intake Form

### Personal Details

Full name:

Date of birth:

Identity Number:

Address:

Phone Number:

Email Address:

Alternative contact details:

### Medical History

Please check the box if you are currently on any of the following medication:

Anti-Depressant

Birth Control

Anti-Anxiety

Other

Anti-Psychotic

Please specify medications you are currently on (even if it seems irrelevant):

Have any of your immediate family been diagnosed with any mental health conditions? If so, please specify your relation and the diagnosis below:

#### Primary Emergency Contact

Full Name:

Contact Number:

Email Address:

#### Secondary Emergency Contact

Full Name:

Contact Number:

Email Address:

Your Initials



## Medical Aid Details

Medical Aid Name:

Medical Aid Plan Name:

Membership Number:

## Primary Member

Full name:

Identity Number:

Phone Number:

Email Address:

Alternative contact details:

**Your Initials**



## Section C - Consent Form

This form protects you and informs you of your rights as well as what you can expect from the counsellor offering their services.

### The Counsellor

Your counsellor is registered with the **HPCSA as a Registered Counsellor**. To obtain this degree the counsellor has obtained an honorary degree in Psychology and also completed a 720 hour practicum under supervision.

### Number of Sessions

There is **no specific determination** on how many sessions are needed by a client as this may depend on the healing progress. Our goal is to work collaboratively and find an intervention plan suited to your needs.

### Relationship

The required relationship that you have with your counsellor is **strictly professional**. No other personal or business-related relationship will be permitted as guided by Form 233 (Ethical code of conduct for health professionals)

### Confidentiality

Sessions between the therapist and the client are **strictly confidential**. Any information shared with your counsellor including, but not limited to, notes, audio recordings and/or, video recordings during counselling shall be kept confidential and secure by the counsellor at all times and shall not be disclosed to anyone without any prior written consent by the client, with **exception to certain limitations by law such as:**

1. Disclosure of current, ongoing abuse to a child, disabled, elderly or other vulnerable individual;
3. If the client poses a threat to himself or others;
4. Acts which may involve the transmission of HIV/AIDS;
5. In the event of having a legal responsibility to honour a subpoena by a court of law.

**All sessions are conducted online. Therefore, it is your responsibility to ensure your surroundings are private and out of earshot of other individuals.** In case you have any questions regarding confidentiality, please discuss this with your counsellor.

**Your Initials**



### **Risks**

There may be a chance that during or after a session, you may feel emotionally distressed. This is normal and can be part of one's healing process. If you experience significant distress, please book a session via our online portal asap. You can also reach out to the following helplines for additional emotional support until your counsellor is available:

South African Depression and Anxiety Group - 011-234-4837  
Helpline - 0800-012-322

### **Court Proceedings**

In case of a court proceeding involving the client, it is agreed that the **counsellor cannot testify**, such as but not limited to, custody proceedings, divorce proceedings, injuries, or any other lawsuits.

**By signing this agreement, you consent to all abovementioned standards and limitations including, but not limited to:**

- Financial obligation
- Limits to confidentiality

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**Full Name**

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**Date**

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**Signature**