



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
Practice Number: 1142720

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.)
 - In-person sessions can be requested at an additional fee of R150.00 per session (Based in Fourways, Johannesburg).
- A counselling session will have a duration of **45-60 minutes**.
- Sessions are to be **booked by using the online booking form on www.wholisticmhc.com/bookings**

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.

Your Initials

Cash Clients

- Cash or EFT payment are at a reduced rate of R550 for a 60 minute session.

Medical Aid Clients

- If a client wishes the practice to submit claims, the session will be charged according to medical aid scheme rates.
 - It remains the responsibility of the client to determine whether medical aid scheme covers sessions with a Registered Counsellor.

Missed / Cancelled Appointments

- If a scheduled appointment is not kept or cancelled in less than 24 hours before the appointment, without proof of emergency (medical emergency/family emergency), the session will be charged to the client's account at the cash rate.
- No medical aid scheme covers not kept or missed appointments.
- Appointments will be considered canceled if arrival is delayed by 15 minutes or more.

Increase in Fees

- Fees may occasionally increase. However, these increases will be communicated before they are implemented.

Note: Payment ultimately remains the responsibility of the person utilizing the services. If Medical Aid rejects submitted claims, the financial responsibility will be on the person utilizing the services.

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, **please specify ALL medications you currently use** (even if it seems irrelevant) in space provided :

Anti-Depressant Birth Control

Anti-Anxiety Other

Anti-Psychotic

Have you previously been **diagnosed with any Mental Health Disorders?** If yes, please specify diagnosis and date of diagnosis:

Diagnosis: _____ Date of Diagnosis: _____

Diagnosis: _____ Date of Diagnosis: _____

Diagnosis: _____ Date of Diagnosis: _____

Have you ever been diagnosed with any of the following **Chronic Conditions?**

Polycystic ovary syndrome (PCOS) Pituitary disorders

Thyroid disorders Adrenal disorders

Endometriosis Menopause

Fibroids

Your Initials



Medical Aid Details

Medical Aid Name:

Medical Aid Plan Name:

Membership Number:

Dependant Number (If Available):

Primary Member

Full name:

Identity Number:

Phone Number:

Email Address:

Alternative contact details:

Primary Emergency Contact

Full Name:

Contact Number:

Email Address:

Secondary Emergency Contact

Full Name:

Contact Number:

Email Address:

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 themselves 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.

Your Initials

Client Responsibilities & Rights

Please take a moment to review the following summary of your rights and responsibilities as our client.

Rights of Client

- You have the **right to confidentiality**, which means that your personal information will be kept private and will only be disclosed with your consent, except in specific circumstances required by law.
- You have the right to **participate actively in your counselling process**, including setting goals, expressing concerns, and providing feedback.
- You have the right to **ask questions about your counselling**, including the techniques used, the goals of treatment, and any potential risks or benefits.

Responsibilities of Client

- You have the responsibility to **be honest and open** in your communication with your counsellor.
- You have the responsibility to attend scheduled counselling sessions and to **notify your counsellor 24 hours in advance if you need to cancel or reschedule.**
- You have the responsibility to **discuss any concerns or disagreements** with your counsellor in a respectful and constructive manner.
- You have the responsibility to **inform your counsellor of any changes in your circumstances or mental health status** that may impact your counselling process.
- Most consultations 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.



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
- Client Rights and Responsibilities

Full Name

Date

Signature