

Client Intake Form

RENOVATE HEALTH CONSORTIUM PTY LTD



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www.RE-NOV8.com.au

ABN 72 666 176 138 | ACN 666 176 138

Date :

Personal Information

Full Name :

Email Address : Gender : ☐ Male ☐ Female

Date Of Birth :
D D M M Y Y Y Y ☐ Prefer not to say

Address Street :

Phone Number : Marital Status : ☐ Single ☐ Married

Occupation : ☐ Engaged ☐ Partnered

☐ Separated ☐ Widowed

Emergency Contact

Full Name :

Email Address : Phone # :

Relationship to you : Address :

Living Arrangement

Describe your current living arrangement, e.g. living alone, with family, etc.

Closest Relationship *(Closeness: close / distant / conflicted)*

Name	Age	Relationship	Living with you?	Closeness
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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■ NDIS Information (*Where applicable*)

NDIS : ☐ Yes ☐ No Referred By

Support Coordinator

Contact Number Email

■ Medical & Treatment & Background

Previous Therapy : ☐ Yes ☐ No (If Yes, state reasons)

Currently seeing a Psychiatrist / Psychologist / Counsellor? ☐ Yes ☐ No | Date last seen

(State reasons)

Hospitalisation for Mental/Emotional Concerns? ☐ Yes ☐ No Most recent date

Reasons

History of Substance Abuse? ☐ Yes ☐ No Most recent date

Details

■ Medical Information

Doctor's Name

Contact Number Email

Permission to Notify your doctor? ☐ Yes ☐ No

Current Medication ☐ Yes ☐ No Details

■ Present Concerns


Briefly describe the reason you are seeking therapy:

What are your TWO most important goals you hope to achieve?

■ Crisis Information

Suicidal thoughts?: ☐ Yes ☐ No (If yes, describe)

Date of most recent thoughts of suicide :

Are you having those thoughts right now? ☐ Yes ☐ No 

Violent thoughts or feelings? ☐ Yes ☐ No (Briefly describe)

**If YES, Contact LIFELINE
NOW on 13 11 14 or
SMS: 0477 13 11 14**

■ Referral Information

How did you hear about us?

■ RHC - Comprehensive Services Agreement

Welcome to Re-Nov8. Please review this agreement, which details the terms and conditions of our diverse health services. Feel free to ask any questions for clarification.

1. Scope of Services

Renovate Health Consortium Pty Ltd offers diverse mental health and allied health services tailored to meet the needs of individuals, families, and communities. Our services encompass a holistic approach to health, addressing physical, emotional, and social well-being. Individual Counselling & Psychotherapy: This service focuses on assisting individuals in overcoming various mental health challenges and achieving personal growth.

- Family Relationships & Couples Therapy
 - Including NDIS Counselling under NDIS guidelines.
 - Therapy under SIRA for individuals impacted by workplace injuries or motor accidents, compliant with SIRA standards.
 - NSW Victim Services Counselling for victims of crime, in accordance with NSW Victim Services guidelines.
- Group Psychotherapy
- Online Therapy
- Clinical Supervision
- Support Groups
- Training Services

2. Confidentiality and Personal Health Information

Confidentiality is paramount across all our services. Information will be disclosed only under certain conditions:

- With the client's written consent.
- If there is a risk of harm to the client or others.
- In cases of suspected abuse or neglect.
- For billing and insurance purposes.
- Under a legal mandate such as a subpoena or court order.

We will endeavour to uphold privileged communication and consult with clients before any mandated disclosures, where feasible.

3. Electronic Communication

We use electronic communication methods, acknowledging that they are not entirely secure. If you have preferences regarding communication methods, please inform your therapist.

4. Follow-Up and Feedback

Follow-up may occur after the conclusion of services to assess ongoing benefits and for feedback purposes. If you wish not to be contacted post-treatment, please inform your service provider.

5. Scheduling and Cancellations

Appointments require mutual commitment. Please provide at least 24 hours notice for cancellations or rescheduling. Late cancellations or no-shows incur the full session fee, except under emergency circumstances.

6. Engagement in Services

Active participation in the offered services is essential. Inadequate engagement may result in inefficient use of time and resources and could impact the effectiveness of the services.

7. Conflict Resolution

We aim for a positive client experience. Should conflicts arise, we will seek resolution through dialogue. If unresolved, the service agreement may be terminated by mutual agreement.

8. Emergency Contacts and Procedures

Emergency contact details will be provided. In case of an immediate crisis, contact relevant emergency services.

9. Payment Terms

Payments are due at the time of service. Pre-session payment is encouraged to minimize disruption. We accept various payment methods, including EFTPOS and credit cards. Unsettled payments may affect future service scheduling.

I have read, understood and agree with the information contained in this contract and I consent to commit to therapy sessions at Renovate Health Consortium Pty Ltd.

Name:

Sign:

Date: