

# COUPLES INTAKE FORM

Felicity Gendun Registered Psychologist,  
Psychotherapist & Relationship Counsellor

Please provide the following information and answer the questions below.  
Each partner should complete a separate form. NOTE: The information you  
provide here is protected as confidential information.

Name: (Last)(First)\_\_\_\_\_

Birth Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_ Age:\_\_\_\_ Gender:  Male  Female

Marital Status: Never Married Domestic Partnership Married Separated  
Divorced Widowed

Length of Relationship: \_\_\_\_\_

Please list any children. Names/ages/gender:\_\_\_\_\_

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

Suburb:\_\_\_\_\_ State:\_\_\_\_\_ P/C:\_\_\_\_\_

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

Mobile:\_\_\_\_\_

May I leave a message? Yes No

E-mail:\_\_\_\_\_ May I email you? Yes  
No

What significant stressful events have you experienced in your relationship  
recently?

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What do you consider to be some of your relationship strengths?

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What do you wish was different in your relationship?

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What would you like to accomplish out of your time in couples therapy?

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How did you find me? Or who referred you? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

Relationship to you: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

In an emergency, I agree to allow Felicity Gendun to call the above person/s and inform them of my condition and the need for assistance. I also agree to have emergency assistance provided by an outside agency if needed.

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

# LIMITS OF CONFIDENTIALITY

Privacy is important and it is vital to the work we do. There are some limits to confidentiality. Everything said in counselling is confidential. This means that unless I have verbal or written permission from the client, I won't discuss their information with others, including family members, except in special circumstances, as listed below.

If clients have a doctor's referral, I am obliged to provide a brief report to that doctor after 6 and 12 sessions, or earlier, if appropriate.

There may be times when information is provided to other professionals in order to protect the client or others from harm. We are bound by law to do this. The specific types of situations are a) if a client is likely to harm themselves or others and b) if there is a child at risk of harm and c) if the courts compel us to disclose information.

To provide a quality service, I seek peer supervision with other Psychologists. During supervision, I discuss cases in a confidential situation when appropriate. These discussions are respectful, identifying information is not used and the focus is solely on how best to provide services to the client. All psychologists are bound by the same rules of confidentiality and code of conduct.

I hope this is helpful in understanding confidentiality and its limits, however, please feel free to email me with any questions on [info@felicitygendunpsychology.com.au](mailto:info@felicitygendunpsychology.com.au)

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Today's Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Witness: \_\_\_\_\_

# CANCELLATION POLICY

If you fail to cancel a scheduled appointment I cannot use this time for another client as I have set this time aside especially for you, therefore, you will be billed for the entire cost of your missed appointment.

A full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment. Please note that medicare or your private insurance company cannot be billed for missed appointments.

Thank you for your consideration regarding this important matter. Your signature below indicates your agreement to adhere to Felicity Gendun's Cancellation Policy.

Today's Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_