

New Client form and contract

Dear New Client,

Thank you for choosing this practice to help you with whatever challenge you may currently experience. I would like to make use of this opportunity to welcome you to my practice. I understand that it is a big and difficult decision you have taken. I will always respect this and I thank you for the trust you put in me to overcome your challenge, whatever it may be.

It is very important to me that you receive the best service for your needs.

Please see the FAQ ([Frequently Asked Questions](#)) here on my website to ensure that you are familiar with how this practice operates. It is extremely important for our process, that you read through the FAQ.

You will note that our approach here is:

- informal,
- first name terms, and
- relaxed.

However, you are still protected by law, and my behaviour should at all times be:

- professional,
- ethical, and
- confidential.

It is important to me that you feel comfortable enough to just be yourself; you will never be judged, since I am neither a priest nor a judge. My task is to understand your thoughts, feelings and behaviour.

Please feel free to ask me anything about myself, whether it be professional or personal.

If you are satisfied with the above, will you please complete the New Client form below.

New Client form - Confidential

We would like to know more about you:

People call you (nick name): _____

Your Full Names: _____

Your surname: _____

Your ID number: _____

Home address: _____

If we need to contact you, what number may we use? _____

Is there an alternative telephone number we can use in case of emergency? _____

If we need to mail you, what e-mail address may we use? _____

Just because we are curious about you (optional)

Would you prefer to be addressed in Afrikaans or English? _____

Will you tell us more about your occupation? _____

Is it important for us to know anything about your psychological history? _____

Would you mind telling us about any chronic medication you are currently using? If yes, what medication are you on currently? _____

Do you feel I need to know anything about your religious convictions, if any? _____

Would you prefer a specific gender identity? e.g. male, female, transgender etc? _____

How did you come to know of my practice? (website, Google, doctor, friend etc.) _____

Is there anything else you want me to know before our first session? _____

If your medical aid is responsible for the account:

Do you belong to a medical aid? _____

If no, skip to the next section

If yes, which medical Aid do you belong to? _____

Your membership number: _____

What plan are you on? _____

Who is the main member? _____

What is the main member's ID number _____

If you are a dependent, what is your dependent's code? _____

If you or your medical aid is not responsible for the account, who will be?

Will you please provide us with the following information:

Full names: _____

Surname: _____

ID number: _____

Contact number: _____

Physical address: _____

Their e-mail address, should we need to send an e-mail: _____

Contract

Accounts are levied according to the recommendation of the BHF (Board of Healthcare Funders).

Claims are submitted electronically to your Medical Scheme. If you don't belong to a Medical Scheme, or where the Medical Scheme only pays the member, or where the member has to submit the claims - an account will be rendered to you at the end of the month.

Interest will be levied if the account is not settled within 60 days of invoice. Outstanding amounts, together with collection commission and legal fees arising from non-payment will be for the client's account.

It remains the responsibility of the client to:

- clear with their medical scheme in terms of their agreement with psychologists;
- ensure the account is paid;
- ensure there are sufficient funds available;
- cancel a session at least 24 hours in advance, if necessary. Appointments not cancelled at least 24 hours in advance, will be accountable.

Your agreement with me

I hereby confirm that all information supplied by me is true and correct.

1. I accept the above-mentioned terms of payment as well as account liabilities;
2. I have read the FAQ on this website and understand it;
3. Any other conditions you might want to add:

Signature: _____

Full Names: _____ Date: ____ / ____ / ____

My agreement with you

1. I agree to be professional, ethical and confidential at all times.
2. I will respect and accept you unconditionally at all times.
3. I will ensure that all information will be confidential at all times.
4. Professional and ethical behaviour at all time.
5. Any other conditions you might want to add:

Signature: _____

Full Names: _____ Date: ____ / ____ / ____