

COUNSELLING INTAKE FORM

Date:	Case No.:
Counselor:	
Particulars of Counsellee 1:	Particulars of Counsellee 2:
Name:	Name:
NRIC No (last 4 numbers & alphabet):	NRIC No (last 4 numbers & alphabet):
Sex: M / F	Sex: M / F
Date of Birth: Age:	Date of Birth: Age:
Address:	
Email:	Email:
Contact:	Contact:
Religion:	Religion:
Educational Level	
<input type="radio"/> Secondary / Vocational <input type="radio"/> Upper Secondary / 'O' Level <input type="radio"/> Post-Secondary / 'A' Level / Polytechnic <input type="radio"/> University	<input type="radio"/> Secondary / Vocational <input type="radio"/> Upper Secondary / 'O' Level <input type="radio"/> Post-Secondary / 'A' Level / Polytechnic <input type="radio"/> University
Ethnic Group	Ethnic Group
<input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Eurasian <input type="radio"/> Others: _____	<input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Eurasian <input type="radio"/> Others: _____
Monthly Household Income	
<input type="radio"/> \$0 - 1,500 <input type="radio"/> \$1,501 - 3,000 <input type="radio"/> \$3,001 - 4,500 <input type="radio"/> \$4,501 - 6,000 <input type="radio"/> > \$6,000	<input type="radio"/> \$0 - 1,500 <input type="radio"/> \$1,501 - 3,000 <input type="radio"/> \$3,001 - 4,500 <input type="radio"/> \$4,501 - 6,000 <input type="radio"/> > \$6,000

Other Information	
<p style="text-align: center;">Marital Status:</p> <p> <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Co-Habitation <input type="radio"/> Widowed </p>	<p>No. of Years Married: _____</p> <p>No. of children: _____</p>
<p style="text-align: center;">Housing Type:</p> <p> <input type="radio"/> Rental / HDB 1- & 2-Room <input type="radio"/> HDB 3-Room </p>	<p> <input type="radio"/> HDB 4- & 5- Room / Executive <input type="radio"/> Condominium / Landed Housing </p>
Family Data	
Name	Sex/Age
Emergency Contact Person: _____ HP: _____	
Relationship: _____	

Confidentiality

I/we fully understand and agree that all the personal information which I/we have provided is confidential and will not be released to any other agencies or individuals without my/our prior knowledge and written consent, except when required by law. I/we understand that my/our counsellor may break confidentiality if I/we express a serious intent to harm others or myself. I/we understand that my counsellor is required to report apparent child or elderly abuse or neglect to authorities.

I/we further understand that my counsellor may consult with other professionals or supervisors in order to provide the best treatment possible for me/us. The intention of the supervision is to improve the quality of treatment/services provided. My/our identities and privacy will be treated with the highest regard and ensured.

I/we also understand that because there is a need to continuously improve levels of services offered, counselling sessions may be recorded. The electronically recorded sessions are used to monitor the skills level of counsellors and also to ensure the safety of clients. It is kept within the premises of the organization and may be used for internal supervision. The recording will be erased within 12 months from the date of counselling session.

Outcomes & Services

While I/we expect to benefit from counselling, I/we fully understand that any benefits and desired outcomes cannot be guaranteed due to external factors beyond our control. I/we understand that regular attendance will produce better possible benefits but I/we and/or aLife Ltd have the liberty to discontinue counselling at any time.

Fees

Counselling fees range from \$50 - \$150 per session. Office hours are from Monday to Friday, 9 am to 5 pm. Payment can be made by cash, PAYNOW or cheque.

Cancellation of Appointments

I/we understand that should I/we need to cancel my/our appointment, I/we are required to telephone or email aLife at least 24 hours in advance or a charge of 50% of the agreed fee will be made for the time reserved when cancellations are received less than 24 hours in advance, except in the case of illness or other emergencies.

Emergency Procedures

I/we understand that in case of an emergency, I am/we are to follow the directions provided by my counsellor or if the emergency occurs after office hours (after 5 pm, weekends and public holidays), to contact the police and/or hospital nearest to where I live.

I/we have read the above information and voluntarily request counselling services at aLife Ltd and I agree with the terms and conditions.

Name & Signature of Counsellee 1:

Date:

Name & Signature of Counsellee 2:

Date:

Name & Signature of Counsellor:

Date: