

INFORMATION FORM FOR COUPLES' THERAPY

PARTNER'S NAME:

ID NUMBER:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

POSTAL CODE:

EMPLOYER:

CONTACT NUMBERS:

EMAIL ADDRESS:

PARTNER'S NAME:

DATE OF BIRTH:

ID NUMBER:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

POSTAL CODE: 3610

EMPLOYER:

CONTACT NUMBERS:

EMAIL ADDRESS:

DETAILS OF PERSON RESPONSIBLE FOR THE ACCOUNT

NAME:

ID NUMBER:

REFERRED BY:

IF YOU HAVE MEDICAL AID, PLEASE COMPLETE THE FOLLOWING:

MEDICAL AID:

SCHEME:

MEDICAL AID NUMBER:

MAIN MEMBER:

OPTIONS FOR PAYMENT (please tick the relevant block)

CASH

☐

ELECTRONIC TRANSFER

☐

FEES

R950 per session (45 - 50 minutes) for Cash/EFT. Any fees claimed directly through medical aid will be charged at medical aid rates.

SIGNED

DATE

IMPORTANT INFORMATION REGARDING THIS PRACTICE

Please read through the following items and, thereafter, sign your acknowledgment and acceptance of the contents:

1. I understand that this account is my responsibility even if I am on a Medical Aid. I agree to pay for the session at the time of consult and then to claim back from my medical aid.
2. Interest may be charged at the prime rate on interest, should the account be overdue.
3. I accept responsibility for any tracing fees, legal fees or collection fees should the account be unpaid.
4. Appointments not cancelled 24 hours in advance will be charged for.
5. Work undertaken in this practice may **not** be used for Psycho Legal purposes. Should this be the intent, please request a referral to a psychologist who engages with forensic work.

6. It will be your responsibility to clarify the role of the therapist regarding the therapist's work with the client.
7. Please note, written reports are not provided for emotional assessments or therapy.
8. If you are not the main member on the medical aid, you acknowledge that the main member is aware of the payment plan for therapy and has agreed to payment.
9. The consultations are strictly confidential. However, there are certain circumstances whereby this confidentiality may be breached. The circumstances in which this breach of confidentiality may occur, include the following:
 - a) if the patient is in danger of self-harming or harming others
 - b) if I, Sne Makhathini, am ordered to do so by court.
 - c) if I, Sne Makhathini, am bound to report due to statutory duty.
 - d) if I, Sne Makhathini, need to communicate with other health professionals about issues pertaining to the case.
 - e) for medical aid purposes (whereby the medical aid requires a diagnosis to process your claim). If you do not wish for a diagnosis to be placed on the account, please inform me about this.

SIGNED

DATE
