

Confidential Client Record

Welcome to Pregnancy Counselling Link and thank you for taking a few minutes to complete this form. We also request that you read the **Privacy and Confidentiality Code of Behaviour and Grievance Process**.

Your details

Your title: *(Please tick one)* Ms Miss Mrs. Mr. Other: _____

Your full name: _____

Your date of birth: _____ / _____ / _____

Your address: _____

Suburb: _____ Postcode: _____

Email: _____

Telephone: (____) _____ *(Tick home or work)* Mobile: _____

Do you identify as: Culturally & Linguistically Diverse Aboriginal or Torres Strait Islander Neither

Do you require the use of an interpreter? YES NO Would you like a support person present? YES NO

Authority to Gain or Release Information

I _____ give authority for the exchange and/or release of information between _____

And _____

Information in regards to _____

Your Counselling

Can you please let us know how you came to hear about PCL: _____

Have you had any previous contact with Pregnancy Counselling Link? *(Please tick one)* Yes No

Please indicate your reasons for seeking counselling today:

- | | |
|---|--|
| <input type="checkbox"/> Possible pregnancy/Unplanned Pregnancy/Options | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Pregnancy Support | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Pregnancy Loss | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transition to Parenting/Parenting | _____ |

Your Counselling Agreement

Our Counsellors are experienced in their specialised fields and have qualifications in Social Work or Behavioural Science and /or Counselling. If you wish to proceed with counselling today please complete the declaration below:

Declaration:

- I have read the Privacy and Confidentiality Code of Behaviour and understand the terms and conditions under which my counselling will be kept confidential.
- I have read and understand the PCL Grievance Process information
- I would like to proceed with counselling with Pregnancy Counselling Link.

Signed: _____ Dated: _____

Declaration (reviewed with client on an annual basis):

- I re-confirm my understanding of the Privacy and Confidentiality Code of Behaviour and understand the terms and conditions under which my counselling will be kept confidential.
- I re-confirm my understanding of the PCL Grievance Process information

Signed: _____ Dated: _____