

Relationships and Private Stuff

Liz Dore
0416 122 634

CLIENT DETAILS FORM

Date:

Name	
Age and date of birth	
Address	Postcode:
Mobile phone number	
Client's Goal/s	
Person referring client	
Phone & email	
Goal if any, of person making referral.	
Person accompanying client to appointments And mobile (if relevant).	

Relationships and Private Stuff

<p>Payment arrangements: \$175.50 Assessment sessions \$149.80 counselling. NDIS – CB Daily Living Activity/Therapeutic supports or Relationships.</p> <p>For example, Daily Living : Assessment & therapy \$175.50 x 2=\$ 351 Counselling @ \$ 149.80 x 8 = \$ 1 198.40 Small group counselling @ \$ 58.50 x 3 = \$ 175.50 TOTAL: \$ 1 624.90</p> <p>This is an example please add your own information</p>	<p>NDIS Number: NDIS Start & end date</p> <p>Cluster: (Daily Living, Relationships or Employment),</p> <p>Line Item/s and total funds allocated: Number of approved sessions: <i>See example on the left.</i></p> <p>Assessment & Therapy \$175.50 x 2 = \$_____</p> <p>Counselling \$149.80 x _____ = \$_____</p> <p>Small Group /Workshop \$58.50 p/h x _____ = \$_____</p> <p style="text-align: right;">Total \$_____</p>
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Role	Name	Email	Phone
Advocate or parent.			
NDIS Case Manager and/or Fund manager			
Support Coordinator (supporting you find appropriate services)			

Payment details. *Invoices to be emailed to a Plan Manager or processed through National Disability Insurance Scheme portal*

<p>Dates: 2 Assessment sessions.</p> <p>Follow up Counselling.</p>	<p>Admin Use only.</p> <p>1. ___/___/___ 2. ___/___/___</p> <p>3. ___/___/___ 4. ___/___/___ 5. ___/___/___ 6. ___/___/___ 7. ___/___/___</p> <p>8. ___/___/___ 9. ___/___/___ 10. ___/___/___ 11. ___/___/___ 12. ___/___/___</p>
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All client details will be kept private and will not be shared without the permission of adult clients. Please ring the day before, if you need to cancel an appointment. Full fee will be charged if a client doesn't give 24 hours' notice and doesn't have verification of an emergency.

CONSENT

Passing on information to people that support you may help you to achieve your goals.

I give permission for Liz Dore, Relationships and Private Stuff Counsellor to pass on the following information:

1. The number of counselling and education sessions attended

to _____

2. Assessment results and details about my progress

to _____

3. Goals achieved and recommendations for supporting me

to _____

(names of people or professionals Eg. Family, support workers, doctors.)

Client name:

Signature:

Date:

If under 18 or unlikely to understand the above....

Witnessed by:

Signature:

Date: