



***Grief and Loss Group Sessions
Client Participation Form***

Please answer the following questions to the best of your abilities. This information is held to the same standards of confidentiality as our therapy sessions.

Name (First/Last): _____

Name of parent or guardian (if minor): _____

Birth date: ____/____/____ Age: _____ Gender: _____

Marital status: _____

Do you identify as Aboriginal/Torres Strait Islander? Yes No

Home address: _____

Phone: _____ Email: _____

Referring Agency: _____

Name of Program: _____

Name of Caseworker: _____

Contact details of caseworker: Ph _____ Email _____

Are you currently receiving psychological services, professional counselling, psychiatric services, or any other mental health services? Yes No

Have you had any mental health services in the past? Yes No

Are you currently taking any medication? Yes No

If yes, please list: _____

General Health Information

Do you consume alcohol regularly? Yes No

In the last year, have you experienced any major life changes (employment, relocation, relationship, illness, loss of loved one, etc.)? Please describe:

Occupational Information

Are you currently employed? Yes No

If yes, who is your employer? _____

What is your position? _____

What are your goals for therapy? What would you like to accomplish during your sessions?

How will you pay the fees?

NDIS Plan Managed:

Referring agency:

Own funds:

Note:

Our Counsellor will contact you with the dates of the next group and schedule a phone intake upon receipt of your registration.

Please send completed registration form and receipt of payment to the following:

Email: Info@tiqvahservices.com

Client Signature: _____ Date: _____

PAYMENT DETAILS

Payment can be made to:

Account Name: Tiqvah Services Pty Ltd

BSB: 067-873

Account Number: 1316 9650

Reference: Grief and loss GS

Institution: Commonwealth Bank of Australia

OFFICE ONLY

Date of when registration received: _____

Name: _____

Signature: _____