



# INTO BLUE EXPRESSIVE THERAPIES

## Client Consent Form

Name.....Date.....

Address.....

Phone No.....Mob.....

Email.....

Main concern .....

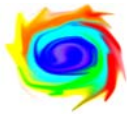
### CAUTIONARY INFORMATION

The various modalities of Expressive Therapies may involve experiences, which can sometimes induce strong emotional and physical responses. Because of this, they may be incompatible with some medical conditions: for example severe mental illness, recent surgery, fractures or epilepsy. Please advise Jo if you are pregnant. Please feel free to discuss any concerns prior to the session.

Do you have a past history of, or are you currently suffering from any of the following?

- Allergies
- Anxiety
- Asthma
- Cancer
- Cardiovascular disease
- Current communicable disease (HIV/hepatitis)
- Current heart condition
- Depression
- Diabetes
- Epilepsy
- Headaches
- High blood pressure/Low blood pressure
- Mental illness
- Nervous disorders
- Osteoporosis
- Obsessive compulsive behaviours
- Panic attacks
- Physical injuries
- Psychiatric condition
- Recent surgery
- Retinal detachment
- Stress related illnesses
- Substance Abuse
- Trauma





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Do you suffer from any other major medical condition?

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Have there been any changes to or concerns with

- Anger
- Anxiety
- Behaviour
- Communication with others
- Control of emotions
- Depression
- Eating
- Employment
- Relationships
- Relaxing
- Sleeping
- Stress

### **APPOINTMENTS**

Please give adequate (24hrs.) notice where possible if you are unable to attend your appointment. The full fee for the session will apply for forgotten appointments and 50% of the fee will apply for late cancellation.

### **INDIVIDUAL COUNSELLING SESSIONS**

To maximise the benefit of counselling and psychotherapy it is recommended that clients commit to a minimum of three consecutive sessions however depending upon individual circumstances one session may be all that is required. This will be discussed and assessed at the end of the session.

### **CONSULTATION FEES**

A session is two hours in length at the cost of \$150.00.

You are encouraged to contact Jo Ablett if there are any concerns following a session.

I AGREE TO ENGAGE THE SERVICES OF JO ABLETT AS A COUNSELLOR/  
PSYCHOTHERAPIST USING EXPRESSIVE THERAPIES.

I HAVE READ THE INFORMATION PROVIDED ABOUT EXPRESSIVE  
THERAPIES. I UNDERSTAND MY PRIVATE INFORMATION IS  
CONFIDENTIAL AND WILL BE TREATED AS SUCH.

I AGREE / DISAGREE TO A FOLLOW UP PHONE CALL / EMAIL FROM JO  
ABLETT TO DISCUSS MY PROGRESS.

Name

.....

Signature

.....

