
Client information and Informed Consent

Informed Consent Form for Psychological Assessment / Treatment / Coaching and Client Information Form

Information

All information supplied is kept confidential and secure.

Full Name:

Preferred Name:

Date of Birth:

Mobile Phone Number:

Work Phone Number:

Email Address:

(you may wish to provide your personal email address rather than your work one), this is where we will send emails about your appointments

Address:

City:

Postcode:

Client Organisation:

Occupation / Role:

Client information and Informed Consent

BACKGROUND INFORMATION

For EAP and Self-Referred Clients only

Please provide a brief description of what has led to you booking this appointment? And what you are hoping to gain from the appointment(s)?

FURTHER INFORMATION

GP Name and Practice

Optional: I agree that my clinical psychologist can contact my GP (named above) in order to update them on my progress

Current medications

Previous Medical Conditions / Disabilities

Have you seen a psychologist before? (Please circle one) Yes / No

If Yes, what was their name

Client information and Informed Consent

EMERGENCY CONTACT PERSON

Their Name:

Their Relationship to you:

Their home phone number:

Their mobile number:

I agree that the above person can be contacted as part of my assessment and treatment.

EMAIL REMINDERS OPT OUT

Appointment reminders via text

By default we will send an appointment reminder via text 1 day prior to your appointment (and on Friday's if your appointment falls on a Monday).

If you do NOT wish to receive appointment alerts via text, please tick the box.

INFORMED CONSENT

I consent for my practitioner to collect, store and utilise this personal information for the purposes of providing services to me in accordance with the relevant privacy legislation and any other legal requirements that may apply.

Consent to Seeing a Clinical Psychologist

Please select the items below to indicate your consent

- I understand the reasons for the role of Umbrella Consultation.
- I understand that Umbrella collects and stores my information from the consultation, and that this information remains confidential within Umbrella.
- I understand that information I share with the Umbrella clinical psychologist will not be shared outside of Umbrella, except with my permission, or when we are required to do so by law.
- I understand that I can withdraw my consent to participate at any time.

Signature:

Your name:

Date: