



1. Name: _____
 2. Gender: Male Female Date of Birth _____
 3. Nationality: _____
 4. Marital status: _____
 5. Occupation: _____ Employment Status: _____
 6. Highest Education Level: _____
 7. Referred from/by: _____
- Contact: Cell _____ Email: _____
8. My Contacts: Cell: _____
Email: _____
Skype: _____

9. Person I give permission to communicate with in the event of an emergency such as danger to self, others or severe psychological distress:

Contact Name: _____ Relationship to you: _____

Cell: _____ Address: _____

I am clear about:

- ❖ My role in therapy and the therapist's role
- ❖ Confidentiality will be observed, and conditions for breaking it include:
 - Reported and or Suspected child abuse, elder abuse, or dependent adult abuse.
 - When serious threat to a reasonably well-identified victim is communicated to the therapist.
 - When threat to injure or kill oneself is communicated to the therapist.
 - You may request in writing with a signed release of information form that the therapist release specific information about your therapy to persons you designate for medical, insurance or litigation.

**Yaya Court, Apt A6, Off Chania Avenue, Nairobi. Cell: 0722310804/ 0736310804,
Email: amawuor@gmail.com**

Know yourself and be Proud. A place where you can be your most authentic self.



- Your therapist may consult with other therapists to provide the best possible care. These consultations are for professional and training purposes.
 - In the case of marriage therapy there is a no secret clause and during individual sessions what is shared about the marriage will be shared with the partner during the couple sessions.
 - Clients under 18 do not have full confidentiality from their parents.
-
- ❖ The sessions are conducted on appointed, scheduled time. The fee is charged on hourly basis. That if I miss a session without at least a day's notification I will still be charged for the session.
 - ❖ Client or therapist can terminate therapy based on grounds that are explained to both therapist and client

Statement of the Therapist

I have assessed the client's mental capacity and found the client is capable of giving an informed consent at this time.

Date _____ Initials of Therapist _____

I/Legal parent or guardian _____ Give consent to enter into a Therapy relationship, with _____ (Therapist).

Signature

Client/Legal Parent or Guradian _____ Date _____

Therapist _____ Date _____

**Yaya Court, Apt A6, Off Chania Avenue, Nairobi. Cell: 0722310804/ 0736310804,
Email: amawuor@gmail.com**

Know yourself and be Proud. A place where you can be your most authentic self.