

M. Pedro Madege Counselling Client Intake Form

Personal Information

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Do you have any medical conditions or allergies? If yes, please specify:

Are you currently taking any medications? If yes, please list them:

Counselling Information

Reason for seeking counselling:

Have you previously attended counselling or therapy? If yes, please provide details:

Disclaimers and Consent

I understand that the counselling services provided by Mp. Madege Counselling Service are intended to support and not replace professional medical advice. I acknowledge that all information shared during sessions is confidential, except in cases where there is a risk of harm to myself or others, or as required by law. I consent to receive counselling services from Mp. Madege Counselling Service and agree to the terms and conditions discussed.

Cancellation Procedure

Unforeseen circumstances happen to all of us. If you need to cancel a session, please do so at least 24 hours in advance to allow for rescheduling. Failure to notify will result in the session being considered as complete and payable. For those who often forget appointments, I can provide reminders.

Signature

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____