FPL Counselling & Wellness
Fathima Pochee Lorgat – Specialist Wellness Counsellor (ASCHP SWC23/1851)
123 Protea Avenue, Mansingh Medical Centre, Lenasia, 1821
www.fplcounselling.co.za / info@fplcounselling.co.za / 082 418 2492

Client Consent Form:

Full Name: _____
Date of Birth: _____
Contact Number: _____
Email Address: _____
Address: _____

Reason for Counselling: Please briefly describe the main reason for seeking counselling:

_____

Emergency Contact Information

Emergency Contact Name: _____
Relationship: _____
Emergency Contact Phone Number: _____

Consent and Confidentiality

1. I understand that the counsellor will make every effort to maintain the confidentiality of the counselling sessions, except in the following situations:
    - If the client is in immediate danger of harming themselves or others
    - If the client reports any form of abuse or neglect in any form
    - If a referral is required to another medical professional

2. All personal information disclosed will not be used for any purposes other than a counselling record. As per legal requirements, written records are kept safely for a period of 5 years and will be destroyed thereafter
3. The counselling session will be 45 to 60 minutes for in-person or online sessions. If the client is late, the session will end at the scheduled time
4. The session will be cancelled if the client displays aggressive or inappropriate behaviour
5. Sessions cannot be recorded by either the client or counsellor
6. No reports will be written for legal purposes
7. Rate information: R400 per individual session (45-60 mins) and R500 per family or couples session (60-75 mins)
8. Bundle session rate R3500 for 10 individual sessions (non-transferable and to be used within 5 months)
   Bundle session rate R4500 for 10 family/couples sessions (non-transferable and to be used within 5 months)
9. Sessions to be paid for *before* the session, via EFT or PayPal (international clients only)
10. Sessions cancelled less than 24 hrs before the appointment will forfeit the session fee
    Sessions cancelled with more than 24 hours' notice will be eligible to be rescheduled at no additional fee

Banking details

F. Lorgat

Al Baraka Bank

Account number 786 000 19903

Branch code 800000

I, the undersigned, give my consent to participate in counselling sessions with Fathima Pochee Lorgat, Specialist Wellness Counsellor (ASCHP SWC23/1851), for either online or in-person sessions

Client full name and signature required

Client: _____

Date: _____

Emergency

If you find yourself experiencing difficulties and/or if you are considering self-harm it would be vital to get immediate help. This could include contacting your GP, a family member or one of the following toll free helplines

Suicide Crisis Helpline 0800 567 567	SADAG 0800 456 789	Cipla 24 Hour Mental Health Helpline 0800 456 789