

IFS CLIENT ENQUIRY FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_May we leave a message? □ Yes □ No

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_May we email you? □ Yes □ No

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In person or zoom appointment? \_\_\_\_\_\_\_\_\_\_\_\_

**TO HELP ME HELP YOU……**

Are you currently receiving mental health treatment from other providers? □ Yes □ No

If Yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received mental health treatment previously?
□No

□Yes (Please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What exposure or experience have you had with IFS Therapy?

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What are your goals for therapy? What would you like to address and/or achieve from this process?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you looking for regular sessions? Is so weekly, fortnightly, monthly etc or Casual sessions?

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Is there any other information you would like me know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IFS Therapy sessions are 1hr $150, payment is due on the day of your appointment. These appointment are not reimbursable by medicare.**

**All appointments require 24hrs notice for cancellations to avoid the $75 late cancellation or missed appointment fee.**

**Thank you for this information, we will be in contact with you shortly.**

**Fleurieu Counselling & Wellness**

**E:** hello@fleurieucounsellingandwellness.com

**W:** www.fleurieucounsellingandwellness.com