integrated life
counselling & therapy

Chris Olivier
APPLIED PSYCHOLOGY COUNSELLING · SACAP
+27 82 574 1177
chris@integratedlife.co.za
www.integratedlife.co.za
Stellenbosch, South Africa

PRACTICE INTAKE FORM

Please complete all fields in full. All information is kept strictly confidential.

1. CLIENT INFORMATION

Full Name & Surname *

Date of Birth (DD/MM/YYYY) *

SA ID No / Passport No. *

Gender *

Preferred Name

Physical Address *

City / Town *

Province

Postal Code

Mobile / Cell Number *

Email Address *

Occupation

Employer (if applicable)

2. PERSON RESPONSIBLE FOR PAYMENT (COMPLETE ONLY IF DIFFERENT FROM CLIENT ABOVE)

Full Name & Surname

Relationship to Client

SA ID No / Passport No.

Mobile / Cell Number

Email Address

Physical Address

3. NEXT OF KIN / EMERGENCY CONTACT

Full Name & Surname *

Relationship to Client *

Mobile / Cell Number *

Email Address

4. REFERRAL

How did you hear about us? / Referred by:

** Required fields*

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5. PRACTICE POLICIES & FINANCIAL AGREEMENT

Session Fee:

R 800 per session, payable at the time of each session, unless a prior written payment arrangement has been agreed with Chris Olivier (Jan 2026).

Medical Aid:

Session fees are not claimable from any medical aid scheme or health insurance. The client, or the person named as responsible for payment, accepts full financial responsibility for all fees incurred.

Account Responsibility:

The client named in Section 1 (or the person in Section 2, if completed) is liable for settling the account in full. In the case of a minor, the parent or legal guardian is fully responsible for all fees.

Cancellation Policy:

A minimum of 24 hours' notice is required to cancel or reschedule any appointment. Cancellations made with less than 24 hours' notice, and no-shows, will be charged the full session fee.

Invoicing & Payment:

Invoices and receipts are issued via email upon request. Outstanding balances are due within 7 days of the session date, unless a prior written arrangement has been made.

6. CONFIDENTIALITY STATEMENT

All information shared within the therapeutic relationship — including your personal details, session content, written records, and all communications — is held in strict confidence and will not be disclosed to any third party without your express written consent.

Limits of Confidentiality:

Confidentiality is not absolute. Your counsellor is ethically and legally obligated to take action — which may include limited disclosure — in the following circumstances:

- There is a serious and credible risk of harm to yourself or to another identifiable person.

In any such instance, only the minimum necessary information will be disclosed, and wherever possible you will be informed beforehand. Chris Olivier will not confirm or deny that you are a client without your explicit consent.

ADDITIONAL NOTES

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7. CONSENT & SIGNATURE

I confirm that I have read and understood the Practice Policies and Confidentiality Statement set out in this document. I consent to engage in counselling services with Chris Olivier under these terms, and I confirm that the information I have provided on this form is accurate and complete to the best of my knowledge. I understand that I may withdraw my consent at any time by notifying Chris Olivier in writing.

CLIENT / PATIENT

Full Name (Print) *

Date (DD/MM/YYYY) *

Signature

PARENT / LEGAL GUARDIAN

(Complete only if client is a minor under 18 years of age)

Full Name (Print)

Relationship to Minor

Date (DD/MM/YYYY)

Signature of Parent / Legal Guardian

FOR OFFICE USE ONLY

Date form received: _____

First session date: _____

File / Client reference: _____

Referred by: _____

Therapist initials: _____