



Cherilee Botha
Counselling Psychologist

BA (Wits) BA Hons (Wits)
BPsych Equivalent Psychometrics (Wits) (Cum Laude)
MA (Wits) (Cum Laude)
HPCSA Registration: PS 0128155
Practice Number: 0580910

Client Details: Adults

Client Details

First Names: _____ Gender: _____

Surname: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Identity Number: _____

Email Address: _____

Residential Address: _____

_____ Code: _____

Home Contact Number: _____ Work Contact Number: _____

Cell Number: _____ Fax Number: _____

Highest Level of Education: _____

Occupation: _____ Employer: _____

Medical Aid Scheme: _____ Medical Aid Number: _____

Main Member of Medical Aid: _____

GP: _____ Psychiatrist: _____

Person Responsible For the Account (Ignore if same as above)

First Names: _____

Surname: _____

Identity Number: _____ Relationship to Client: _____

Employer: _____

Address: _____

_____ Code: _____

Email Address: _____

Home Contact Number: _____ Work Contact Number: _____

Cell Number: _____ Fax Number: _____

Preferred Number to Contact Client On: _____

Emergency Contact

Full Names: _____

Contact Number: _____ Relationship to Client: _____

Referral Information:

Referred by: _____

Reason for referral: _____

Important Notice:

- Session length is 50 minutes. Session fees are R870 per session.
- The client is primarily responsible for payment of accounts for services rendered.
- Medical Aid Funds differ regarding benefits payable for psychological services rendered. Please contact your Medical Aid Fund promptly to confirm their rules and benefits in this regard. Should your Medical Aid Fund not cover the session fees you are responsible for full payment of sessions on the day of the consultation.
- Appointments should be cancelled 24 hours in advance. A cancellation fee of R600 will apply if appointments are not cancelled 24 hours in advance. This fee may not be covered by Medical Aid Funds.
- The practice is not liable for injury or illness of the client, including COVID-19.
- The client understands the limits to confidentiality of applications such as Zoom and WhatsApp Call.
- By signing this document, you acknowledge that you have read the accompanying *client information document*, clarified any uncertainties, and that you consider yourself bound to the contents thereof.

Consent Agreement

I, _____ hereby give my informed consent to Cherilee Botha to continue with the required psychological assessments, evaluations, diagnosis and/or therapies as needed. I have read and understood the terms as per the *client information document*.

Client signature

Date

Person responsible for account signature

Date