Raffi Wellness

Mandy Denoon-Stevens
Registered Counsellor

25 Tramore Road, Plumstead, Cape Town
Email: mandy@raffiwellness.co.za
Cell: +27 73 070 1467

PRC: 00 40 517
Practice Number: 11 77 915

CLIENT INFORMATION

Personal Details

First Name		Surname	
ID / Passport		D.O.B	DD / MM / YYYY
Contact No.		Email	
Address			

Emergency Contact

Name		Contact No.	
Relationship			

Reason for Treatment

Your well-being matters to me. Please share, in your own words, what brings you to counseling—there's no right or wrong answer, just what feels important to you.

Treatment History

Any previous counselling? Y N

If Yes, please provide estimated length of time

Are you currently on any medication? If yes, please list what medication and reason for it

PAYMENT DETAILS

Medical Aid Details

Medical Scheme		Plan	
Membership No.		Main Member	
Member ID No.		Contact No.	

Responsible for Payment

Myself ☐ Other ☐ If OTHER, provide following details:

Contact Person		Relation	
Email		Contact No.	

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PLEASE NOTE

SESSIONS ARE CONTRACTED OUTSIDE OF MEDICAL AID RATES.

Payment for the session is the responsibility of the client. After the session is held, I will issue an invoice which you can use to claim from your medical aid.

Payment can either be made through the online booking system, or EFT. Banking details will be shared on receival of this form.

Payments are to be made upfront at the time of booking. Bookings confirmed on payment.

Invoices may contain ICD10 procedure codes for clients who provide their medical aid details.

In completing and signing this document, I acknowledge, understand and consent to counselling, including:

- Information disclosed in the counselling session is confidential. That, if I present as risk to harming myself or to others, the counsellor is legally bound to break confidentiality.
- The sessions are 50min in length, unless otherwise specified.
- Sessions are offered both in person and/or else virtually through Google Meet or other services as required.
- The fee per session is listed on www.raffiwellness.co.za, payable 24 hours in advance of the session.
- +24 hours cancellation is asked for, otherwise there will be a charge for cancelled session.
- Booked sessions can be rescheduled, provided more than 24 hours notice is provided.
- Session notes of the counselling session will be written and kept in a secure, confidential location.
- I acknowledge that online services, though covered by passwords and other security features offered by these online service, have an element risks inherent in electronic transmission of our conversation and can be not as confidential secure as in person counselling.

In terms of the Protection Of Personal Information Act No 4 of 2013, I consent to the processing of personal information given during the counselling process. The signature below indicates that the information provided is truthful.

Please sign below.

SIGNATURE _____ DATE DD / MM / YYYY

*Please email your completed form to **start@raffiwellness.co.za***
*Use your **name + surname** and the **date** as your subject reference.*