**CLIENT CONFIDENTIALITY**

All information input into this form by the Clients is provided under strict confidentiality to Rob Stuart, the Therapist/Counselor/Coach. The information provided herein is solely to support the process of personal couple therapy, counseling and/or coaching with the Clients and shall not be disclosed or used for any purpose other than that. At all times, the Therapist/Counselor/Coach shall strictly comply with the Dutch Medical Treatment Contracts Act (*Wet Geneeskundige Behandelingsovereenkomst*, WGBO) and the European Union General Data Protection Regulation (GDPR). For further information on client confidentiality and data protection, please read my online Privacy Policy: <https://www.headandheartwork.nl/privacy-policy/>

**Client 1:**

Full name: Click/tap to enter text.

Date and place of birth: Click/tap to enter text.

Current age: Click/tap to enter text.

Current occupation: Click/tap to enter text.

Address (street name & house no.): Click/tap to enter text.

Postcode and city: Click/tap to enter text.

Tel. (private): Click/tap to enter text.

E-mail (private): Click/tap to enter text.

**Client 2:**

Full name: Click/tap to enter text.

Date and place of birth: Click/tap to enter text.

Current age: Click/tap to enter text.

Current occupation: Click/tap to enter text.

Address (if different to above): Click/tap to enter text.

Postcode and city: Click/tap to enter text.

Tel. (private: Click/tap to enter text.

E-mail (private): Click/tap to enter text.

Number of years in this relationship: Click/tap to enter text.

Names and ages of children (if any): Click/tap to enter text.

Today's date: Click or tap to enter a date.

Website visited: ☐ [headandheartwork.nl](file:///D%3A%5CRob%27s%20docs%20%28ASUS%29%5CH%26HW%5C-%20CLIENTSESSIES%5C-%20intakeformulieren%5Cheadandheartwork.nl) ☐ [relatietherapeuten.net](http://www.relatietherapeuten.net/integratieve-relatietherapeut-utrecht-utrecht-rob-stuart) ☐ [therapiepsycholoog.com](http://www.therapiepsycholoog.com/rob-stuart)

 ☐ [therapy-utrecht.com](http://therapy-utrecht.com/) ☐ [expatcare4u.nl](http://www.expatcare4u.nl/) | other site: Click/tap to enter text.

or: □ referred/recommended by (e.g. doctor/friend)

or: □ other initial contact:

**Please complete the rest of this form together, answering all questions.**

* What are your relationship complaints (i.e. problems) and their duration?

**Instructions:** If you have multiple complaints, please use numbers to indicate the extent to which they trouble you and/or the priority you give to tackling them. Try to describe each complaint in as much detail as possible, indicating its history and triggering situations and/or aggravating factors.

Click/tap to enter text.

* What are your mutual goals; i.e. how will you measure the success of the therapy/counseling?

**Instructions:** Describe your goals in purely positive terms. With each complaint in mind, consider what you *want* to experience (i.e. desired behaviour, thoughts, mental images, emotions and bodily sensations) instead of that problematic state. If you have more than one complaint, repeat this process for each complaint and prioritize your goals using numbers.

**NB:** A negative formulation, such as *"We want to stop fighting about things"*, is NOT a goal! *"We want to calmly, confidently and safely communicate with each other in situations similar to those that previously led to arguments"* IS a goal that you can pursue together and, with sufficient motivation, will achieve.

Click/tap to enter text.

* What resources and guidance do you think you need to enable you to achieve these goals?

**Internal resources** include valuable character traits, core qualities, experiences, lessons learned and other achievements.

**External resources** include supportive and non-judgemental friends, family members and others with whom you can discuss your problem(s); self-improvement books that have meant a lot to you; role models; and valuable sources of comfort and inspiration.

Click/tap to enter text.

* Have you previously – individually or jointly – sought assistance for problems associated with your current relationship? **YES/NO**. If so, what led you to do so and what was the outcome?

Click/tap to enter text.

**IMPORTANT**

**The clients bear full responsibility for any negative consequences for the therapy/counseling that may result from withholding information present in their medical dossiers kept by their doctor(s), specialist(s) or other caregiver(s).**

**Client 1 – first name:**

* Do you currently use medicines? **YES/NO**. If so, which and for what reasons?

Click/tap to enter text.

* Do you use alcohol and/or drugs? **YES/NO**. If so, how much alcohol weekly / which drugs and how often?

Click/tap to enter text.

* Have you received, or are you now receiving, psychological or psychiatric treatment? **YES/NO**
* If so, what is/are the name(s) and address(es) of your therapist(s)/psychiatrist(s)?

Click/tap to enter text.

* What was the outcome of previous conventional or alternative treatments/therapies?

Click/tap to enter text.

**Client 2 ­– first name:**

* Do you currently use medicines? **YES/NO**. If so, which and for what reasons?

Click/tap to enter text.

* Do you use alcohol and/or drugs? **YES/NO**. If so, how many units weekly / which drugs and how often?

Click/tap to enter text.

* Have you received, or are you now receiving, psychological or psychiatric treatment? **YES/NO**
* If so, what is/are the name(s) and address(es) of your therapist(s)/psychiatrist(s)?

Click/tap to enter text.

* What was the outcome of previous conventional or alternative treatments/therapies?

Click/tap to enter text.

**Both clients:**

* Clients give permission for information to be obtained, prior to or during the therapy/counseling, from the abovementioned caregiver(s), providing that this – in mutual consultation – is deemed useful to the clients’ progress in the therapy/counseling. **YES/NO**
**NB: Information will only be requested from a third party with the clients’ explicit permission.**
* Remarks / Any other information relevant to the therapy/counseling:

Click/tap to enter text.

**Terms of Payment**

**Article 1: applicability**

These terms apply to all sessions and courses of integrative therapy and/or counseling that take place in the practice of Rob Stuart ([HeadandHeartWork.nl](https://www.HeadandHeartWork.nl/)), Mgr. v.d. Weteringstraat 14a, 3581 EH Utrecht.

**Article 2: session fees and monthly total amount payable**

For each standard 90-minute session of couple therapy and counseling, including the intake session, the clients agree to pay the therapist/counselor the fee of **€181.50**, including 21% VAT.

For longer sessions, proportionally higher fees apply. These are agreed on in mutual consultation before the session ends.

Students, people on minimum income or social security / welfare and those in financial difficulties are eligible for a 25% reduction, to be decided in consultation with the therapist/counselor/coach.

At the beginning of each calendar month, the clients will receive, by email, an invoice for all the sessions that took place in the previous month. The total amount payable will be the agreed fee multiplied by the number of sessions or hours of therapy and/or counseling received during that month. Payment is to be made only by bank transfer to (IBAN) **NL10 RABO 0394597621** in the name of **R.W.K. Stuart**.

**Article 3: timely cancelation**

If it is necessary to cancel an appointment, this shall be done **at least 24 hours** in advance of the appointed time, in which case the clients will not be charged for the session. If the clients fail to cancel or cancel within 24 hours of the appointed time – for whatever reason – the therapist/counselor shall be entitled to charge them the agreed fee (see Article 2) for the total session time that was reserved.

**Article 4: payment period**

The clients shall pay the agreed total amount (see Article 2) within **14 days** of the date indicated on the therapist/counselor's invoice (i.e. the date on which the invoice is emailed to the clients' email address).

**Article 5: payment default**

If the clients fail to pay the agreed total amount (see Article 2) within **14 days** of the date of invoice, they are deemed to be **in default** and the therapist/counselor will email them a **payment reminder** indicating that payment is to be made, at the latest, within an additional **7 days**.

**Article 6: debt-collection costs and monthly interest**

If the clients fail to make the payment within the additional **7 days**, the therapist/counselor is legally entitled to charge them non-legal costs of debt‑collection: 15% of the outstanding total amount of the invoice or EUR 40.00, whichever is greater. The therapist/counselor is further entitled to charge 1% monthly interest over the outstanding total amount for as long as the clients remain in default of their obligation to pay.

**Article 7: debt collection**

If, within **7 days** of the date indicated on the payment reminder, the clients do not fulfil their payment obligation, the therapist/counselor is entitled, without further notice of default being required, to take steps through a third party (a professional debt-collection agency to be appointed by the therapist/counselor) for the outstanding total amount to be collected.

**Article 8: debt-collection agency's costs**

All non-legal costs incurred by the third party in collecting the debt shall be payable by the clients. Such costs are determined by the debt-collection agency itself and are outside the control of the therapist/counselor.

**Article 9: suspension of therapy/counseling**

In the event of payment arrears, the therapist/counselor is entitled to suspend further therapy and/or counseling until the clients have fulfilled their payment obligations, *unless suspension of therapy and/or counseling would constitute an unacceptable risk to the clients' welfare and/or life*.

In signing below, the clients agree to abide by the above-mentioned terms of payment:

Clients' signatures: [Sign during intake session]

Place: UTRECHT Date: