**CLIENT CONFIDENTIALITY**

All information input into this form by the Client is provided under strict confidentiality to Rob Stuart, the Therapist/Counselor/Coach. The information provided herein is solely to support the one-on-one process of personal therapy, counseling and/or coaching with the Client 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/>

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 number.

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

Today's date: Click/tap to enter date.

Website visited:  [headandheartwork.nl](file:///D:\Rob's%20docs%20(ASUS)\H&HW\-%20CLIENTSESSIES\-%20intakeformulieren\headandheartwork.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 (doctor/friend) Click/tap to enter text.

or:  other initial contact: Click/tap to enter text.

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

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

Click/tap to enter text.

* What are your goals; how will you measure the extent to which the therapy/counseling/coaching succeeds?

**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. Repeat this process for each complaint and prioritize your goals using numbers.

**NB:** A goal defined in negative terms, such as *"I want to get rid of my anxiety"*, is NOT actually a goal!  
*"I want to feel calm, collected and confident in situations similar to those that previously triggered anxiety in me"* IS a goal that you can pursue 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 and lessons learned.

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

Click or tap here to enter text.

* Have you consulted your G.P. and any specialist about the above complaint(s)? Choose YES/NO  
  If YES, please provide the relevant contact information:

G.P.: Dr Click/tap to enter text. Practice name: Click/tap to enter text.

Address & tel. no.: Click/tap to enter text.

Specialist: Dr Click/tap to enter text. Practice name: Click/tap to enter text.

Address & tel. no.: Click/tap to enter text.

* What, if any/known, is the G.P.’s/specialist’s diagnosis?

Click/tap to enter text.

* What are the instructions of the G.P./specialist?

Click/tap to enter text.

* Do you currently use medicines? Choose YES/NO.  
  If so, which and for what reasons? Click/tap to enter text.
* Do you use alcohol and/or drugs (classified substances)? Choose 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? Choose YES/NO.
* If so, what is/are the name(s) and address(es) of your former 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 gives permission for information to be obtained, prior to or during the therapy/counseling/coaching, from the G.P./specialist/psychiatrist/therapist or other caregiver(s), providing that this is deemed useful to the client’s progress in the therapy/counseling/coaching. Choose **YES/NO**.
* Remarks / Any other information relevant to the therapy/counseling/coaching:

Click/tap to enter text.

**IMPORTANT**

**The client bears full responsibility for any negative consequences for the therapy/counseling/coaching that may result from withholding information present in the client’s medical dossier kept by a doctor, specialist or other caregiver.**

**Terms of Payment**

**Article 1: applicability**

These terms apply to all sessions and courses of integrative therapy, counseling and/or coaching that take place in the practice of Rob Stuart ([HeadandHeartWork.nl](http://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 individual therapy, counseling and/or coaching,including the intake session, the client agrees to pay the therapist/counselor/coach the fee of **€145.20**, 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.

Around the end of each calendar month, the client will receive, by email, an invoice in PDF format for all the sessions that took place in that month. The total amount payable will be the agreed fee per session multiplied by the number of sessions of therapy, counseling and/or coaching received during that month. Payment is to be made only by bank transfer to (IBAN) **NL10RABO0394597621** 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 client will not be charged for the session. If the client fails to cancel or cancels within 24 hours of the appointed time – for whatever reason – the therapist/counselor/coach shall be entitled to charge him/her the agreed fee (see Article 2) for the total session time that was reserved.

**Article 4: payment period**

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

**Article 5: payment default**

If the client fails to pay the agreed total amount (see Article 2) within **14 days** of the date of invoice, he/she is deemed to be **in default** and the therapist/counselor/coach will email him/her 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 client fails to make the payment within the additional **7 days**, the therapist/counselor/coach is legally entitled to charge him/her 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/coach is further entitled to charge 1% monthly interest over the outstanding total amount for as long as the client remains in default of his/her obligation to pay.

**Article 7: debt collection**

If, within **7 days** of the date indicated on the payment reminder, the client does not fulfil his/her payment obligation, the therapist/counselor/coach 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/coach) 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 client. Such costs are determined by the debt-collection agency itself and are outside the control of the therapist/counselor/coach.

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

In the event of payment arrears, the therapist/counselor/coach is entitled to suspend further therapy, counseling and/or coaching until the client has fulfilled his/her payment obligations, *unless suspension of therapy, counseling and/or coaching would constitute an unacceptable risk to the client's welfare and/or life*.

In signing below, the client agrees to abide by the above-mentioned terms of payment:

Client’s signature: Please sign in first session

Place: UTRECHT Date: