

THE LITTLE THERAPY ROOM



Dr Naira Wilson Chartered Clinical Psychologist D.Clin.Psych. C.Psychol;

BSC (Hons) Psychology (Registered with the HPC and BPS)

Client Information and Contract

Therapeutic contract

At your initial session I will help you think about your goals and expectations of therapy.

Attendance at this initial session does not oblige you to continue to work with me.

Decisions about the number of sessions, gaps between appointments and which family members should attend are things we would need to decide on collaboratively between me, you and your child and based on what information is shared at the assessment and clinical need.

The initial session is an hour and a half; subsequent sessions should you choose to meet again will be an hour long unless you request otherwise. Usually both parents are requested to attend this first meeting along with the young person but there is time for you all to be seen alone as needed. If using health care, the assessment is split into 2 separate meetings an hour long each due to the payment policy.

If after the initial assessment you do not wish you continue but still would like help, I can make suggestions for alternative sources of support.

I am bound by my professional code of conduct which you can view on the British Psychological Society website: www.bps.org.uk

Confidentiality and record keeping

The information you share with me is kept confidential unless I believe that you or your child and family are at any potential risk. In this case I will discuss with you who I would need to share that information with to keep you and others safe.

Informed consent

Even if you are not at risk, it is useful sometimes for me to gather more information from other professionals such as your GP or school to gain a full understanding of

your child's needs, if you are happy for me to contact them please provide consent overleaf.

Completion of this form indicates an understanding and acceptance of the term and conditions including cancelation fees and that you have read, signed and accepted the privacy policy.

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Registration form

Name of young person:

Date of birth and current age:

Parent/s name/s:

Contact Address:

Telephone numbers:

Home:

Young person's mobile

Telephone number parents mobiles:

Parent Email Address:

Young Persons email Address:

GP name:

GP Address:

GP Telephone number:

Name of School:

Year:

School contact and role:

Statemented: yes/ no

Permission to contact above professionals: Yes No

Signed by Young person:

Signed by parent:

Dated:

Health care provider if applicable:

Membership number:

Authorisation number:

How did you hear about the service: