

Couple Therapy Contract

Name 1: Mobile No: D.O.B.
Ethnicity: Home telephone:
Religion: Email:
Address 1: Postcode:
GP Name: Telephone Number:

Details of other psychological support (previous/current please delete as necessary):

Relevant Medical/Psychiatric History (summary):

Name 2: Mobile No: D.O.B.
Ethnicity: Home telephone:
Religion: Email:
Address 2: Postcode:
GP Name: Telephone Number:

Details of other psychological support (previous/current please delete as necessary):

Relevant Medical/Psychiatric History (summary):

Couple therapy aims to help partners and couples to become more aware of the habits and fixed patterns that influence relating to one another and relating to others. Awareness brings choice, personal responsibility and resourcefulness. While positive outcomes cannot be guaranteed many clients report having positive benefit from these sessions and often report experiencing more satisfaction in life and in their relationships with others. Clients usually have a sense if this type of therapy can help after one or two sessions. The following information is aimed to help you to be clear about what I am offering and what you are committing to if you decide to become my clients. Please consider the following points carefully before signing. Contact me if you want anything clarified, or if you would like something altered or added. (After completion of our work together I would welcome any comments about your experience).

What I would like you to agree to:

- 1) What you share with me is confidential*. I do discuss my work with clients in clinical supervision; if I discuss my work with you I will not reveal any details that would compromise your identity. If I consider you to be at risk to yourself or toward others I will break your confidentiality; when possible I will inform you first of my need to do this.

