

Gestalt Therapy Contract

Client Name:

Mobile No:

Address:

Home telephone:

Email:

Postcode:

D.O.B:

Next of Kin:

Mobile/telephone:

GP Name:

Telephone Number:

Current Medication:

Other medical conditions it could be useful for me to know about (e.g. Epilepsy, etc):

Other Current Professional Support (e.g. psychiatrist):

Professional's Name:

Profession:

Address:

Phone:

Gestalt therapy aims to help individuals to become more aware of the habits and fixed patterns that influence personal experience and how we relate to others; awareness brings choice, personal responsibility and resourcefulness. While positive outcomes cannot be guaranteed many clients report having positive benefit and often experience more satisfaction in life and in their relationships with others. You will usually have a sense if this type of therapy, and my style of working, will help you 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 client. Please consider the following points carefully before signing. Contact me if you want anything clarified, or if you would like something altered or added; I am willing to discuss this possibility of alteration with you.

- 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, where practical I will inform you first of my need to do this*.
- 2) I keep brief factual, handwritten notes about our sessions. These are coded to ensure your privacy and kept in a locked cabinet. You have a right of access to your notes.

- 3) The fee is negotiable between £40 and £60. I will give two months notice of any planned changes to my fees. (The agreed negotiated fee for you is: _____)
- 4) After we agree an appointment date and time I will require payment for the session if you choose to cancel without giving 24 hours notice. If you cancel two sessions in a row I will require payment for the second and for subsequent, consecutive, cancelled sessions.
- 5) Sessions are 45 minutes long. I would prefer you to be on time for your appointment, if you are late more than 15 minutes I will treat this as a cancellation without notice.
- 6) I record sessions occasionally to help me and my clinical supervisor to monitor my effectiveness and to ensure I continue to work ethically. If you agree to be recorded (your identity will not be revealed on the recording) please tick the following box:
- 7) If after one of our sessions you experience extended discomfort you may contact me between sessions for some support. I can be contacted by email, text or mobile.
- 8) To ensure a satisfactory ending of our work together I would like at least one session after your decision to end. If our work has been longer term then it can be beneficial to have more than one session to prepare to end, this is negotiable.
- 9) During and after our therapy work I will not have any other type of relationship with you e.g. friendship. This will ensure that my professional role remains clear should you ever want to resume therapy or refer others to me. It is unethical to have dual relationships or to have non-therapeutic relationships with former clients.
- 10) ***Professional Will** - If for some reason I am incapacitated and am unable to keep our sessions my colleague Loretta Watt (UKCP and BACP Accredited) will contact you with information and referral sources.

If you are clear about what I offer and are willing to commit to this work please sign below. When you return this form to me by post I will contact you to organise your first appointment date and time. I look forward to working with you.

Client Signature:

Date:

Therapist Signature:

Date:

Brian McMinn
The New Stables
1a Anderton Terrace
Roby
Liverpool
L36 4HS

07973 192223

b.d.mcminn@liverpool.ac.uk