



HOPE FAMILY DISPUTE RESOLUTION SERVICES

A Division of HCMC business Consulting services Pty.Ltd.

REG NO: 2016/150286/07

REV. DR W. MESHACK VAN WYK

Justice of the Peace - Commissioner of Oaths - Marriage Officer
Pastoral Counsellor, Family & Divorce Mediator & Consultant, Paralegal

RINTAKE FORM

CONFIDENTIAL (When Completed)

SECTION A & B: To be filled out by the client (first & Second page only)

Date _____	Internal Ref/File no: _____	Referee's Ref no: _____
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<u>Name</u>	<u>Occupation</u>	<u>Age</u> _____ <u>DOB</u> _____
<u>Name (spouse)</u>	<u>Occupation</u>	<u>Age</u> _____ <u>DOB</u> _____
<u>Marital and Present status:</u>		
<u>Residential address:</u>		
		<u>Code</u>
<u>Postal address:</u>		
		<u>Code</u>
<u>Email address:</u>		

<u>Telephone No. Wife: (home)</u>	<u>(work)</u>	<u>(cell)</u>
<u>Telephone No. Husband.</u>	<u>(Work)</u>	<u>(Cell)</u>

Medical History:

Present Medication:

Previous Counselling Received:

Present family composition:

Indemnity

I acknowledge that all counselling and services I receive from **HFDR**, I receive of my own risk. I undertake not to hold **HFDR** liable of any loss, injury or harm sustain to my person or property. I further acknowledge that I utilize the facility at my own risk. I further undertake to indemnify **HFDR**, its managing team, employees and counsellors against any claims made by any of my dependants. The information in these sessions will be handled in a confidential manner.

It is required by law that ANY incidences of "reasonably suspected child abuse", the intent to harm or endanger another person or one's self, be reported to the relevant authorities.

I ALSO UNDERSTAND THAT THE COUNSELLING HOUSE WILL NOT DISCLOSE ANY INFORMATION TO ASSIST CLIENTS IN LEGAL CASES OR MATTERS.

<u>Signature of client</u>	<u>Witness</u>	<u>Date</u>
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<u>Signature of Counsellor</u>	<u>Date</u>	<u>Time Start</u>	<u>Time Ended</u>
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PROBLEM/PROBLEEM		Self Image/Self Beeld	
OTHER ISSUES/ANDER SAKE		Very Low/Baie lae	
Marriage/Huwelik		Condemn myself/ Veroordeel myself	
Tension/Spinning		Feel Worthless/ Voel waardeloos	
Suicidal/Selfmoordneigings		Feel inferior/ Voel minderwaardig	
Love Disappointment/ Liefdes teleurstelling		Punish myself/ Straf myself	
Sexual Molestation/ Seksuele Molestering		Good selfimage/ Goeie selfbeeld	
Nurves/Senuwees		Weak Self-Image / Swak Selfbeeld	
Addiction/Verslawing. Alcohol,Drugs,Gambling etc / Alkohol,Dwelms, Dobbel ens		Hate myself/ Haat myself	
Alcohol Addiction/ Alkohol Verslawing		Feel like a failure/Voel 'n mislukking	
Divorce/Egskeiding		Love myself/ Lief vir myself	
Sexuality/Seksualiteit		Verhouding met ander/Relationship with others	
Communication/Kommunikasie		Confused/deurmekaar	
Parent & Child Relationship/ Ouer & Kind Verhouding		Insecure/Onveilig	
Finances		CRISIS ISSUES	
EMOTIONAL/EMOSSIONEEL		Domestic Violence?Gesinsgeweld	
Depressed/Neerslagtig		Rape / Verkragting	
Anxiety/Angsaanvalle		Trauma	
Eensaam/Lonely		Abuse/Mishandeling	
Anger /			
Guilt / Skuldgevoel		Fath Problems/ Geloofsprobleme	

Qualifications:

Theology: B.Th, M.Th, Th.D Counselling: B.Min, D.D
 Snr. Diploma: Paralegal Studies; Adv.Cert-Trauma Debriefing & Cert: Counselling Centre Management.
 _Postal Address: P.O. Box 1698 Eldorado Park 1813
 Tel: 076 827 7703 Fax: 086 519 2515 Email: Drmeshack@gmail.com

Professional bodies:

Council For Counsellors (C4CSA) Accredited Mediator with South African Association of Mediators (SAAM)
 Council for Pastoral & Social Counselling Services (CPSC) & Member of SA Paralegal Services (SAPA)

- How long have you had this problem?

- When did the problem first begin?

- How long have the episodes lasted?

- What has helped you in the past?

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For Office Use only

COUNSELLORS RECOMMENDATION

COUNSELLORS INTERVENTION

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