

REV. DR W. MESHACK VAN WYK

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

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)

FAMILY MEDIATION INTAKE FORM (SECTION A & B: To be filled out by the client)

<u>Date</u>	<u>Internal Ref/File no:</u>	<u>Referee's Ref no:</u>
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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>

Marital and Present status:

Residential address:

	<u>Code</u>
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Postal address:

	<u>Code</u>
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Email address:

<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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Signature of Counsellor

Date

Time Start

Time Ended

What would you consider to be the greatest obstacle in reaching an agreement in mediation?

Indicate the factors that best explain your reasons for separating.

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse / violence | <input type="checkbox"/> Poor communication |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Drug / alcohol abuse | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Great deal of conflict |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Taking advantage of the other person |

Other:

Is there

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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

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Do you have any disabilities you would like to inform us about?

Is there anything else you would like us to know?

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- How long have you had this problem?

- When did the problem first begin?

- How long have the episodes lasted?

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- What has helped you in the past?

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- Have you previously sought counseling help?

- Are you taking any medication? If yes, what kind?

- What event has recently precipitated the problem?

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PROBLEM IDENTIFICATION

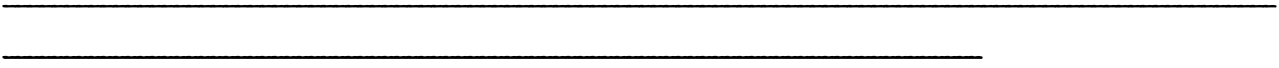
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COUNSELLORS RECOMMENDATION

COUNSELLORS INTERVENTION

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