



# True Heart Client Registration Form

## How did you discover this service?

Word of Mouth  Facebook  Website  Brochure  Instagram  Google

First Name:	Surname:	Middle Initials:
DOB:	Gender:	Preferred Name:
Ethnic background:		
Faith background / affiliation / interests:		
Spiritual Group / Church attended:		
Household composition / current circumstances:		
Spouse / Partner's Name:		
Spouse / Partner's Occupation	Age:	

## PERSONAL DETAILS

### CONTACT DETAILS

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

### MEDICAL DETAILS

Medicare Number & Position #: \_\_\_\_\_ ( )

Health Care Card# & Position #: \_\_\_\_\_ ( )

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Physical injuries: \_\_\_\_\_

Mental Health conditions: \_\_\_\_\_

If Riding - Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_ Head circumference (cm): \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

Current Medication: \_\_\_\_\_

### EMERGENCY CONTACT

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### PERSONAL GOALS

Outline what you are hoping to achieve in your time spent with True Heart: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PREVIOUS HELP SOUGHT

Have you seen a counsellor, psychologist or psychiatrist before?  Y  N

Would you like true Heart to collaborate with any other health professional \_\_\_\_\_



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## BILLING DETAILS (if different to Personal / Contact details)

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Preferred method of payment (please circle):

Cash                      Cheque                      EFT

## HORSEMANSHIP EXPERIENCE

Please outline roughly the amount and type of experience you've had so far with horses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHOTO PERMISSION

I give permission for any photos/videos taken to be used for advertising and promotional purposes by True Heart:

- Yes, I don't need to see the photos/videos
- Yes, please send me a copy of the photos/videos
- No, please don't take any photos or videos

## PRAYER PERMISSION

I would like to ask for prayer for my physical or mental health, past hurts or present circumstances:

- Yes       Unsure – more info please!       No

## LEGAL INVOLVEMENT

Do you need us to provide information for a lawyer, court, employer or insurance agency?

- No       Yes a letter or report       Yes a copy of file details

## SERVICE REQUEST

I would like to engage the following service/s:  Volunteering    K9 Companions    School group

Equine Assisted Learning    Horse Hangout    Group session    Grief support

Service request for:                       Myself       My Child

## AGREEMENT



## True Heart Client Registration Form

I agree to the following terms and conditions:

1. True Heart will provide a professional service to support you / your child in reaching your social, emotional, or personal development goals.
2. I will ensure True Heart receives payment for any services provided to me / my child within 7 days.
3. I acknowledge that although True Heart has reduced the risk as much as is reasonably possible, interacting with horses is a high risk activity and I / my child may fall, be bitten, kicked, trampled, crushed, or killed as a result of interacting with horses.
4. I will be aware of my environment and take responsibility to keep myself safe.
5. I will obey any reasonable directions given to me by True Heart staff, particularly in regards to safety.
6. I will tell True a Heart staff member if I am feeling unsafe for any reason.
7. If I or my child is injured in any way I will not hold True Heart responsible.
8. I give permission for True Heart to administer first aid and call an ambulance in the case of an emergency.
9. All information you provide to True Heart is confidential and will not be transferred to any third parties except in the case of the following:
  - a. Emergency – if an emergency arises it may be necessary to give your / your child's information to other health professionals or emergency services.
  - b. Supervision – the True Heart practitioner may require assistance from a supervisor in regards to some cases. Some details of the session/s will need to be relayed to the supervisor to facilitate this support.
  - c. Permission – True Heart may seek your permission to discuss case details with other health care practitioners who are supporting you / your child.
  - d. Legal – if your therapist is required to provide evidence for a court or other legal hearing.
  - e. Crime – if you mention that you witnessed or committed a serious crime or if the information may prevent a crime being committed. Also if you have evidence or suspicion of abuse towards a minor/disabled/aged person.
  - f. Special Agreement – if you agree separately in writing to allow True Heart to use specified information in advertising and promotions.
10. Brief notes are recorded after each session, if subpoenaed by a court of law, True Heart will be required to submit these notes to the court.
11. If I cancel my appointment I will give at least 48 hrs notice.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Client/Parent/Guardian Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Child Signature      Date

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Full Name