

# JG KLOPPER

## Experienced Pastoral Counsellor

84 Kingfisher Avenue  
 Elspark  
 1428  
 johan@christensentrum.co.za

### Appointments / Cancellations

Jasmin Klopper  
 079 137 1968  
 If Mrs. Klopper is not available, leave a  
 WhatsApp message.

### Banking Details

Acc Name J.G. Klopper  
 Bank Nedbank  
 Acc Number 1091655707  
 Branch Code 193642  
 Reference Surname and Initials

**Session 1 and 2:** R600 per session

**Thereafter** R450 per session

**Long term therapy:** R300 per session

*Long term therapy rates are applicable after the first two months.*

Client's Personal Info					
Full Names					
Surname					
ID No					
Spouse's Name					
Children	Name				Age
Contact Details	Phone (Main)	Phone (Work)	E-Mail Address		
Marital Status	Single	Engaged	Married	Divorced	Other
Preferred Language	Afrikaans	English			
If you are under 18	Did your parents/guardians consent to your appointment?				Yes No
Residential Address					
<b>Responsible Person's Details</b> <i>(If different from client)</i>	Full Names				
	Surname				
	ID No				
	Phone (Main)				
	E-Mail				
Residential Address of <b>Responsible Person</b>					

## **AGREEMENT**

1. I will be punctual for my appointments.
2. Should I foresee that I will be late for my therapy session, I will phone my therapist timeously to make an alternative arrangement.
3. If I arrive more than fifteen minutes late for my session without having informed my therapist, I understand that my therapist may not be available and that I will be liable for the full consultation fee for that session.
4. Should I cancel within twenty-four hours before a scheduled therapy session, I will be liable for the full consultation fee for that session.
5. If I have not duly cancelled a therapy session, and I do not show up for the session, I will be liable for the full consultation fee for that session.
6. I understand that the duration of a session is normally 40-60 minutes.
7. I understand that the therapeutic process necessitates continuity and cancellations are disruptive and counterproductive.
8. I understand that preparatory conditions may be prescribed by the therapist, and I agree to abide strictly by these rules.
9. I understand that "homework" may be given after a session and I agree to do it mindfully.
10. Information shared during sessions is subject to client-therapist privilege and will only be disclosed if the client consent to it in writing.
11. My therapist will also respect my time by being punctual for every session.
12. I understand that neurosis can be complex and may involve deep counselling over a prolonged period involving several months. Should this be necessary, a reduced fee can be negotiated to keep costs reasonable for the client.
13. I understand that the therapeutic process may be rendered ineffective if I simultaneously undergo any other form of counselling.
14. I understand that no outcome can be guaranteed and that the counselling process is predicated on incalculable variables.
15. My therapist agrees to be honest with me and not prolong therapy beyond his ability to help and will at that point make a referral.
16. I agree to pay all fees due, on the day of my appointment or make an alternative arrangement with my therapist.
17. In case of legal proceedings for recovery of outstanding fees, I hereby consent to pay all costs on attorney and client scale and/or costs to be placed on ITC / blacklisted with the credit bureau whichever is first.
18. I accept the residential address given on this form as the domicilium citandi et executandi of the Responsible Person.

I acknowledge and understand the above agreement.

Signed on the ..... day of ....., 20..... at .....

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Full Name and Surname

\_\_\_\_\_  
Responsible Person / Parent Signature

\_\_\_\_\_  
Full Name and Surname

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Full Name and Surname