

Consent Form

Therapist Name:

Safety Concerns

As with any psychosexual therapy appointment, I know that people can experience thoughts about harming themselves or others.

I also know that people can be at risk of harm from other people. When I offer appointments face-to-face, I am able to create a plan together to manage any risks of harm to you or others. Sometimes this means I will support someone to attend A&E to access emergency care. At other times, I might arrange for someone to visit you in your home to support you.

When offering sessions over the video, it is important for me to know where you are during the appointment. This will allow me to contact your local services should you need additional support.

Address where you plan to be during your telephone or video appointments:

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.....

An Emergency Contact

If I am concerned about, I may want to contact someone to ask them how you are or to ask them to check on you. Please provide the details of the person you consent to me contacting if this is the case.

Personal / First Name:

Family Name / Surname:

Telephone Number:

Relationship to You:

Client Signature:

Practical Details

To ensure that the sessions remain a confidential and undisturbed place to have therapeutic conversations, please think about where you will be at the time of the booked appointment. You will need somewhere quiet, where you feel safe and where you will not be disturbed for the agreed length of time of your appointment.

Do you have a confidential place you can hold a video call? YES NO

To reduce the likelihood of the video call being disconnected, it is important to have a reasonable telephone and internet connection.

Do you have a good quality telephone signal or internet connection at the place you plan to be during the appointment? YES NO



Do you prefer have session link send to your phone number or email address?

- Phone number:**
- Email address:**
- Both (don't mind)**

Client Signature:

Client Name:

Date: