

*the*  
**Snug**

*Counselling for Young People*

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*The Snug Contract*

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**THE SNUG CONTRACT**

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Your full name: .....

Gender: ..... Date of birth: .....

Your preferred contact number : .....

Are you happy to be contacted at any time, yes – no (if no when would work for you)

.....

Address:

Email Address: .....

Emergency contact name & number: .....

Please note this is just the first step, attached are some general questions, we will go into more detail when we have our initial face to face consultation.

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**GENERAL INFORMATION**

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**Have you ever had counselling before? (if the answer is yes: where, when and for how long?  
Did you find it beneficial?)**

**What is your main reason for contacting The Snug?**

**How are you hoping counselling will help you?**

**How well are they sleeping at the moment:**      good      average      restless      poor

**Average hours per night:.....**

**In general, how has your health been?**

excellent (is rarely sick, when sick recovers very quickly)

good (is not often sick or injured, illnesses are fairly short-lived)

fair (frequently sick or injured, illness often lingers or recurs)

poor (chronically ill)

## CONSENT FOR TREATMENT

Counselling and Psychotherapy is a working therapeutic relationship between you (the client) and me Kim Todd your counsellor. Each member of this cooperative relationship has certain responsibilities. Your counsellor will contribute their knowledge, expertise and therapeutic skills. You as the client have the responsibility to bring an attitude of collaboration and commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment your commitment may increase the likelihood of a satisfactory experience.

## EMOTIONAL AND BEHAVIOURAL INFORMATION

### YOUR STRENGTHS

	Often True	Sometimes True	Seldom True	Cannot Say
Outgoing				
Self-confident				
Happy				
Enjoy new experiences or activities				
Even disposition or steady moods				
Express feelings				
Empathetic				
Follow rules easily				
Able to stand up for yourself when appropriate				
Tolerate criticism				
Recover easily after disappointment				
Appropriately cautious				
Creative				
Good sense of humour				

## YOUR DIFFICULTIES

Have you recently or currently experienced the following?

	Yes	No		Yes	No
Depression, loneliness or hopelessness			Frightening dreams or thoughts		
Regular crying			Often annoyed by little things		
Difficulty completing tasks			Violent or destructive behaviour		
Difficulty remembering things			Difficulty concentrating		
Difficulty with eating			Recent suicidal thoughts		
A tendency to be shy or sensitive			A strong dislike of criticism		
A frequent loss of temper			Difficulty expressing feelings		
Nervousness, anxiety or worry			Difficulty relaxing		
Difficulty making decisions			Low mood		
Other					

## I AM EXPERIENCING

	Yes		Yes
Anxiety		Frequent worry or tension	
Fear of many things		Discomfort in social situations	
Feelings of guilt		Panic attacks	
Recurring nightmares			

## I NOTICE

	Yes		Yes
I am angry		I am irritable	
I have racing thoughts		I feel euphoric	
I need less sleep than normal		I am more talkative	
My moods fluctuate up and down			

**I NOTICE I HAVE**

Yes		Yes	
Problems concentrating		Memory problems	
Trouble explaining myself to others		Problems understanding what others tell me	
Intrusive or strange thoughts		Obsessive thoughts	
Started hearing voices when alone		Problems with my speech	
Started risk taking behaviour		Compulsive or repetitive behaviour	
Been acting without concern for the consequences		Physically harmed myself	
Been violent towards others			

**I USE THE FOLLOWING**

Yes		Yes		Yes	
Alcohol		Cigarettes/Vapes		Other	

**PEER RELATIONSHIPS**

How are you socially: outgoing shy depends on the situation

Are you involved in any organised social activities (eg sports, clubs, music)?

Confidentiality in counselling creates a space where the client can explore sensitive subjects in the knowledge that the counsellor will not repeat or misuse the information discussed outside of the counselling room. For the counsellor maintaining confidentiality within certain limitations is an ethical responsibility and it is part of what makes counselling different from other relationships.

There are certain limitations and circumstances where a counsellor may need to break confidentiality.

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## **LEGAL LIMITATIONS**

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- If a client discloses involvement in, or information about acts of terrorism, the therapist is legally obliged to inform the authorities, and cannot inform the client of their intention to do so.
- If a client gives the therapist information regarding money laundering or drug-trafficking offences, the therapist is obliged to pass this information to the police.
- A judge or coroner can legally order the release of client notes.

## **ENDINGS**

You are in complete control and may end the therapeutic relationship at any time. Endings are an important part of the therapeutic process, and in order to manage an ending appropriately, I require at least two weeks' notice prior to our sessions coming to a conclusion where possible.

The Snug reserves the right to discontinue counselling at any time including, but not limited to, a violation by you of this consent for treatment a change or re-evaluation of your therapeutic needs. Our ability to address those needs, or other circumstances that lead us to conclude that your counselling needs would be better served at another counselling practise. Under such circumstances. I will suggest an appropriate counsellor.

## **SESSIONS AND CANCELLATIONS**

Sessions will cost £75. To be paid prior to the session, this can be paid via bank transfer. Sessions at The Snug last 50 minutes and Walk and Talk sessions last 60 minutes.

We require 24 hours cancellation notice prior to the sessions, if appointments are not cancelled within this time frame, then fees will not be reimbursed.

Please note I work in conjunction with the school term and break in school holidays, unless specifically requested. Please note these dates will be given in advance and if necessary, a mutually agreeable time arranged for emergency appointments.

**EMERGENCIES**

The Snug is closed after 6pm weekdays and closed at weekends unless you have a booked session.

In an emergency situation, please contact your GP or go to your local A&E or call 999.

Data protection: please read all information on website [www.thesnugcounselling.co.uk](http://www.thesnugcounselling.co.uk)

**CHILDCARE**

The Snug is based at Uncommon [www.uncommon.co.uk](http://www.uncommon.co.uk) which is a working environment and does not provide childcare facilities. In the event that you need to bring your child to The Snug ALL under 13s need to be accompanied by an adult and supervised at all times.

**COVID 19**

I confirm that I will be fit and well and will not have any symptoms of COVID 19 as listed by the UK Government Guidelines when attending therapy.

I agree to inform The Snug Counselling if I show signs of Covid 19 and I will immediately cancel therapy until symptom free.

**CONSENT**

By your signature below you are giving permission for you to be in therapy with Kim Todd at The Snug Counselling and that you have read, understood and agreed to the information provided by this consent form and information given on my website [www.thesnugcounselling.co.uk](http://www.thesnugcounselling.co.uk)

Please return this form as soon as possible prior to the first session.

Your signature .....

Date: .....

Your signature above indicates that you have read and understand this information and have received a copy of this consent form and give permission for The Snug to provide counselling services and that tis contact is binding for all future sessions you may have.