



## THERAPY CONSULTATION BOOKING & CONSENT FORM (PAKISTAN)

### Client Information

- Full Name: \_\_\_\_\_
- CNIC / B-Form (optional): \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Gender (optional): \_\_\_\_\_
- City & Country: \_\_\_\_\_
- Contact Number (WhatsApp): \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Emergency Contact (Mandatory for Online Therapy)

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

*In case of emergency or safety concerns, this person may be contacted.*

### Consultation Details

- Type of Session: ☐ Initial ☐ Follow-up
- Mode: ☐ Online (Zoom / Google Meet / WhatsApp Video)

☐ In-person

- Preferred Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Preferred Time: \_\_\_\_\_
- Session Duration: \_\_\_\_\_ minutes

### Fee & Payment Policy

- Consultation Fee (PKR): \_\_\_\_\_
- Payment Method: ☐ Bank Transfer ☐ JazzCash ☐ Payoneer
- Payment Timing: ☐ Advance Only

*Sessions are confirmed **only after advance payment**. Payment details will be shared upon booking.*

## Cancellation & No-Show Policy

- Cancellations must be made **at least 24 hours in advance**.
- Late cancellations or failure to attend the session will be **charged in full**.
- Rescheduling is subject to therapist availability.

## Online Therapy Disclaimer

- Online therapy may be affected by **internet connectivity, technical issues, or privacy limitations**.
- The client is responsible for ensuring a **private, quiet, and safe environment** during the session.
- Sessions will **not be recorded** without written consent.

## Confidentiality & Legal Limits

All information shared during therapy is **strictly confidential** in accordance with professional ethical standards practiced in Pakistan.

Confidentiality may be breached **without consent** only if:

- There is a **serious risk of harm** to the client or others
- **Child abuse, neglect, or exploitation** is disclosed
- Required by **Pakistani law or court order**

## Scope & Nature of Psychological Services

- Therapy is a **professional psychological service**, not a guarantee of outcomes.
- Therapy does **not replace psychiatric, medical, or emergency care**.
- The therapist may recommend **psychiatric referral or in-person services** if clinically required.

## Consent for Online Psychological Services

I confirm that:

- I am **18 years or older**, or consent is provided by a legal guardian.
- I understand the **nature, benefits, and limitations** of online therapy.
- I agree to the **fees, policies, and confidentiality terms** stated above.
- I voluntarily consent to receive online psychological consultation.

## Client Declaration

- **Client Name:** \_\_\_\_\_
- **Signature (Typed / Digital):** \_\_\_\_\_
- **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Therapist Details

- Therapist Name: \_\_\_\_\_
- Qualification: \_\_\_\_\_
- Specialization: \_\_\_\_\_
- Contact Email / WhatsApp: \_\_\_\_\_
- Therapist Signature: \_\_\_\_\_
- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Important Note

*This online consultation is for psychological guidance and support.*

*It is **not an emergency service**.*

*In case of immediate danger, contact local emergency services or visit the nearest hospital.*