



Thank you for choosing to work with Ganawendan Counselling. We hope we can earn your trust, and we look forward to walking alongside you on this journey.

Please download/print and complete the required paperwork prior to your first session. Completing this paperwork allows us to spend more time on clinical issues, rather than administrative tasks, during the first session. If that is not possible, please let us know so we can set aside 20 minutes before/at the beginning of your first scheduled appointment to allow us time to read and complete these forms together.

1. Welcome to Ganawendan
2. Intake - package
3. Email, video, & Text Messaging Correspondence
4. Informed Consent
5. Financial Agreement & Disclosure

Some things to know and think about *prior* to our first session:

1. We will collect the paperwork, clarify the importance of confidentiality, answer all your questions, and address any concerns you might have about the paperwork or our counselling services in general.
2. We prefer to have the name and contact information for your family doctor, previous psychotherapist, and specialists you are currently working with. However, we will *not* contact them without prior written consent.
3. It would be helpful for us to know about specific symptoms related to your reasons for seeking therapy. It can help us narrow our focus and better understand some of the issues we might address.
4. It is particularly helpful for the therapeutic process if you bring a list of goals for your time in counselling. Please be as specific as possible. This will help us better understand how counselling might be beneficial and how your life might change with counselling.



Name:

Preferred Pronoun (may decline):

Please place a checkmark in the boxes that correspond to current problems you are having:

Feeling sad []

Frequent angry outbursts

Body Image []

[]

Loss of pleasure []

Pessimism []

Talking excessively []

Loss of interest in activities

Thoughts of harming

[]

Feeling restless or “hyper”

others []

[]

Anxiety or excessive worry

Drug or alcohol problems

[]

Problems with appetite []

[]

Difficulty controlling worry

Negative feelings

Thoughts of suicide or self-

[]

about yourself []

harm []

Difficulty concentrating

Feelings of guilt []

Shyness []

[]

Feelings of hopelessness []

Confusion about career

Problems with memory []

choice []

Tension or muscle

Fatigue or loss of energy []

tightness []

Lack of direction in life []

Problems sleeping []

Feeling bored []

Need for more fulfilling life

[]

Frequent irritability []

Feeling “different” from

Feeling stagnant []

others []

Racing thoughts []

Lack of control over life []

Feelings of helplessness []

Risky behaviours []

Problems with

Social anxiety []

Distractibility []

relationships []

Problems with trust []

Decreased need for sleep

Lack of self-esteem []

Problems with identity []

[]

Problems with

Excessive spending []

sex/sexuality []

Of all the problems you checked, please **underline** the three that are the most troublesome at this time. What do you hope to gain by coming to therapy?



Client Intake Form

Client Name						Date of Birth		
First Name		Last Name				MM-DD-YYYY		
Address						Postal Code		
City		Province		Phone Number		Alternative Phone		
Is this client a minor		Yes	No	Parent of Guardian must fill out next section				
Parent or Guardian Name						Date of Birth		
First Name		Last Name				MM-DD-YYYY		
Address if different from Client						Postal Code		
City		Province		Phone Number		Alternative Phone		
Section 2 Please fill out completely. (Client Information)								
Marital Status								
	Single			Married			Divorced/Separated	
							Widowed	
Ethnicity/Cultural identity				First Nations/Metis/Inuit		Yes	No	
Status	Yes	No	Status Card Number:					
Email address								
Preferred contact Method (Select all that apply)								
	Phone			Cell			Email	
							Text	



Emergency Contact Information							
Name							
First		Last				Phone	
Address							
City		Province		Relationship to client			
Insurance Information							
Name of Insurer						Phone Number	
Subscriber Name						Date of Birth	
First		Last				mm-dd-yyyy	
Relationship to client				Group Number			
				Policy Number			
Medical History							
Please check all that apply							
<input type="checkbox"/>	None	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Angina	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Atrial Fibrillation
<input type="checkbox"/>	Benign Prostatic	<input type="checkbox"/>	Hypertrophy	<input type="checkbox"/>	Blood Clots	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Cerebrovascular Accident	<input type="checkbox"/>	Coronary Artery Disease	<input type="checkbox"/>	COPD (Emphysema)	<input type="checkbox"/>	Crohn's Disease
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	GERD (Reflux)	<input type="checkbox"/>	Gallbladder Disease
<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Hyperlipidemia	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Irritable Bowel Disease
<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	Myocardial Infraction	<input type="checkbox"/>	Osteoarthritis

SNARENBON

Counselling

	Peptic Ulcer Disease		Renal Disease		Seizure Disorder		Thyroid Disease
	Other						
Do you use Tobacco?		How much per?		Do you use Alcohol?		How much per?	
	No				No		
	Daily				Daily		
	Weekly				Weekly		
	Less				Less		
	Former User				Former User		
Caffeine Use?		How much per?		Do you Use Drugs or Substances?			
	None				Yes		
	Daily				No, I have never used		
	Weekly				No, but I have used in the past		
	Less						
	Formal User						
If you stated yes to drug/substance, use or previous drug/substance use, can you please explain what Drugs/Substances you use/used and when you last used them.							
Are you currently taking prescription medication?				Prescribing Doctor's Name			
	Yes	No		First	Last		
Prescribing Doctor's Number							
Have you had any surgeries in the past 5 years?					Yes		No



If yes, please specify:

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Family History (Please select all that apply)

<input type="checkbox"/>	Adopted	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Blood Disease	<input type="checkbox"/>	CAD (Hart attack)	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	CVA (Stroke)	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Hearing Deficiency	<input type="checkbox"/>	Hyperlipidemia (High Cholesterol)	<input type="checkbox"/>	Hypertension (High Blood Pressure)	<input type="checkbox"/>	Irritable Bowel Disease
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Obesity
<input type="checkbox"/>	PVD	<input type="checkbox"/>	Renal Disease	<input type="checkbox"/>	Scooper (60,70,80,90, 00)	<input type="checkbox"/>	Residential School
<input type="checkbox"/>	Family and Children Services	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Alcohol Down Syndrom
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Addictions	<input type="checkbox"/>	Criminal Activity	<input type="checkbox"/>	Other

Mental Health History

Why are you seeking treatment?

--

What do you expect from this counselling?

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Have you seen a counselor, psychologist, psychiatrist, or other mental health professionals before?			
	Yes		No
Therapist Name (if more than one, please list them in the additional comments section.)			
First Name		Last Name	
Reason for seeking help?			
Average hours of sleep per night?			
Please describe any other experiences you have had problems with.			
Additional Comments or concerns			



Can we contact you at the phone number provided?		Yes		No
Can we contact you at the email provided?				
Can we leave a voice message at the number provided?				
Can we leave messages with third parties at the number provided?				
Can we text message (SMS) the number provided?				
Do you regularly check your emails or phone messages?				
Which do you prefer, email or text?				
Do you have any children?				

If so, how many and what are their ages?

Occupation or job (or retired, on leave, etc.):

GOALS FOR THERAPY: (List all and use back if required)

1.

2.

3.

What are your strengths and supports that might help you both outside and inside therapy? (This might be strong family supports, finances, hobbies, or certain qualities about yourself)



What are some of your limitations that would be helpful for us to know?

Do you have any other significant medical problems that we should be aware of?

Do you have any clinical diagnoses that would be helpful for us to know about?

How were you referred to our office?

Your signature below indicates that the information you have provided above is truthful and accurate to your knowledge.

Date (MM-DD-YYYY) _____

Client Name (please Print): _____

Client Signature: _____

If the client is a minor, Parent/Guardian, please print and sign your Name Below.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____



TELEPHONE AND ONLINE COUNSELLING CONSENT FORM,

Amanda Trites, MSW, RSW, and Kyla Campbell, MSW, RSW, counsellors, provide counselling services. To ensure that you have the best counselling experience possible and that you understand your rights and responsibilities as a client, please read over the following information carefully before your first telephone or online counselling session. By filling out and returning this telephone counselling consent form, you indicate that you understand and agree to the terms and conditions stated below:

- You agree that you are at least 18 years old unless parental permission is granted or unless otherwise agreed upon.
- You agree to supply your true full name, address, phone number, and e-mail address, as well as the phone number of one emergency contact on this consent form.
- Due to the nature of telephone/ online counselling, I am not equipped to respond to crises or emergencies. For emergencies, call 9-11 or go to your local emergency department.
- Sessions are 50-60 minutes in length, and the cost for each session is \$150 per hour. This fee includes the cost of administrative work for each session.
 - Payment is accepted by Visa or email money transfer. Payment is required before the beginning of each session. Unless coverage information has been provided
- 48 hours' notice is required to cancel or reschedule your appointment. If less than 48 hours' notice is given, a fee will be charged up to the full cost of the session.
- If, during our telephone counselling sessions, I determine that this form of counselling is not suitable, I will discuss this with you and suggest that you seek the services of a therapist in your local area.
- Occasionally, technical issues will arise. You agree to provide me with an alternate method of communication should our line be disrupted.



- We agree that you will not engage with me on social media. We agree in advance on a strategy should we happen to encounter each other, either in person or in an online community.
- We agree in advance on a strategy for space, place, and who will or may be in attendance during our sessions. You agree to notify me about any changes that might occur in those contexts as they arise, even if a session has begun.
- You agree that you will not participate in an online session illegally while driving, operating any other motorized vehicle, cycling, or while engaged in any other activity requiring your full attention, and which may, as a result, cause harm to yourself or others.
- You agree that the laws of the Province of Ontario govern the services I provide. Therefore, any suit brought against my services must be brought forth in Ontario.
- Confidentiality: I will do my utmost to ensure the confidentiality of our sessions and your information, except under the following circumstances:
 - **If I am subpoenaed to provide information regarding your sessions with me in a court of law, or**
 - **If my regulating body decides to inspect our records as part of their regulatory activities in the public interest.**
 - **I am also required by law to involve the appropriate authorities in cases of suspected child abuse, elder abuse, or cases where bodily harm to yourself or another person is threatened.**
- While I will do my part to ensure privacy online, by text, and by phone, the client understands that it is not possible to guarantee complete protection in these forms of communication. The client understands that I cannot guarantee phone or online conversations will not be intercepted, stolen, and used without their knowledge or consent, and that they may be shared with authorities.



Full name: _____

Date of birth: _____

Address: _____

Phone number: _____

Alternate phone number (if applicable): _____

E-mail address that is used regularly: _____

Emergency contact (name and phone number):

By filling out this form electronically and returning it to me, you acknowledge that you have read, understood, and agree to the above conditions.

Signature

Name

Date

Revised: 06/16/2025



Informed Consent

SERVICES:

Ganawendan offers private counselling services for people struggling with anxiety, stress management, grief and loss, depression, relationship issues, and life and career transitions. We offer counselling to individuals, couples, and families, as well as Traditional First Nations counselling. Ganawendan has worked with adults, older adults, adolescents, Children, youth, LGBTQ+2S and Human Trafficking as well as larger groups and First Nations Communities. In addition to in-person counselling at one of our offices, we offer online and telephone counselling. We may, on occasion and if necessary, make home, hospital, and hospice visits to accommodate the needs of our clients. We do not yet provide medical or psychiatric diagnoses or offer psychoeducational assessments. However, we are happy to collaborate with other healthcare providers to offer the most holistic care possible, serving the best interests of the client.

APPROACH:

Ganawendan has an integrative approach to address the unique needs of each client. We believe that one needs to address both more immediate symptoms and the root causes of problems in order for change, healing, and growth to occur. Ganawendan Counsellors have experience training in and have worked with several different therapeutic models and techniques. Please feel free to ask Our team about working with any of these models.

EDUCATION, QUALIFICATIONS, ORGANIZATIONAL MEMBERSHIPS & REGISTRATION:

Amanda Trites is a Master's-level Registered Social Worker and counsellor, trained at Wilfrid Laurier University in the Social Work and Indigenous Social Work Department. Kyla Campbell is a Master's-level registered social worker and counsellor, trained at Wilfrid Laurier University in the Social Work and Indigenous Social Work Department. Both Amanda and Kyla are currently completing Ph. D.S in Indigenous mental health and traditional knowledge sharing at Queen's University. Amanda and Kyla are both members of the College of Registered Social Workers of Ontario (OCSWSSW), which means we are bound by a professional code of ethics. This also means that Ganawendan receives regular clinical supervision to ensure the highest quality services are provided to our clients. We also participate regularly in professional development.

YOUR RECORDS: Ganawendan keeps written records of your sessions together. You may request to view the file at any time, and an appointment can be booked to review a copy of the documents with a staff member present. If you disagree with any of the information on file or find the information to be incorrect, you may provide Ganawendan with a correction for the files. Please note, however, that Ganawendan is unable to modify the file once it has been written. Ganawendan is required to keep client files for 10 years, or 10 years from the client's 18th birthday – whichever comes later. Files involving any records of allegations of sexual abuse



or assault may be kept indefinitely. Financial records are retained for 5 years from the last interaction with a client or the client's 18th birthday – whichever comes later.

LIMITS TO CONFIDENTIALITY/CLIENT RIGHTS:

Ganawendan takes the confidentiality of our clients very seriously. We are required to obtain your informed, written consent before releasing or obtaining any information except where authorized by legislation or directed by the courts. These exceptions are as follows:

1) In certain limited circumstances, your counsellor is required by law to disclose client information and must comply with these mandatory obligations. These circumstances include, but are not limited to: significant concern about the safety of a child or an elder's (physical or sexual safety) or significant emotional harm (which includes situations and/or behaviours that seriously interfere with development and/or functioning); files being subpoenaed; search warrants.

2) In addition, it is a condition of the counselling relationship that your counsellor will release what would otherwise be confidential information if there is a reason to believe that you represent a significant and immediate threat of death or serious injury to yourself or others. Please note that Ganawendan will take whatever steps are necessary to avert danger to a client or others. The threat of harm always takes priority over confidentiality.

3) While Ganawendan staff are legally required, they regularly consult with other supervisors and their accredited peers to ensure we continue to provide the best quality of care. In addition, there may be a need to share pertinent personal information with appropriate accredited bodies and other therapists via a group or peer supervision format, who are, like Ganawendan, ethically and strictly bound to maintain confidentiality.

Please note that, due to confidentiality concerns, Ganawendan will generally not interact via email or text, except to arrange appointments, unless previously arranged with the client and with an understanding of the concerns regarding confidentiality. We will not interact or connect via social media and will not respond to requests to do so.

We will not search for or Google information about a client except in cases where

- a) requested by the client or previously agreed upon,
- b) In cases where there may be concerns about safety, security, conflict of interest, or other conflicts that might interfere with the counselling process,
- c) As part of the therapeutic work (i.e., perhaps viewing work that is meaningful to the client, etc.).

Finally, with respect to confidentiality, we will not communicate with clients we see outside of the counselling office unless the client initiates contact or unless otherwise agreed upon between the client and the Ganawendan Counsellor or team. If you are concerned about any aspect of these limitations to confidentiality, please discuss your concerns with a staff member.



For online and telephone communication and counselling, clients must complete the specific online and telephone consent form. While we will do our part to protect privacy online with client information and through online video chat services, the client understands that it is not possible to guarantee complete protection in these or other forms of communication. Text and email, particularly those sent over Gmail, Hotmail, and similar services, are generally not considered secure forms of communication. The client understands that we cannot guarantee phone or online conversations will not be intercepted, stolen, and used without our knowledge or consent, and that they may be shared with authorities. This also applies to the storage of credit card information.

Please note that Ganawendan will not disclose information to any third-party seeking information about a client without the explicit, informed consent of the client or former client, unless required by law.

COUPLES AND FAMILY COUNSELLING AND CONFIDENTIALITY:

There are some contraindications to doing couples' therapy. These include active affairs, physical violence, and untreated addictions and psychiatric conditions that might be impacting the relationship. In the course of couples counselling, it is standard practice for many therapists to meet with each individual alone as well as with their partners or families. While some therapists prefer an agreement that shares all secrets or none without a waiver, we prefer what is sometimes referred to as "accountability with discretion".

This means:

- We will maintain confidence between parties unless otherwise agreed, and/or unless the therapist believes a secret shared by a partner will impede progress or be detrimental to the couple's work.

While we will not disclose the specific information unless previously agreed upon, we will confirm that we have information that makes it impossible for us to conduct couples therapy. We believe this is in the best interest of the couple, considering the work involved, and in line with our ethical commitment to delivering the best possible work.

- Depending on the nature of the information, we may give the individual a maximum of three weeks to

- 1) Stop the said behaviour so they can focus on couples counselling
- 2) Get individual treatment for the behaviours.
- 3) Share their information with their partner either in or out of the therapy session, with or without the therapist's guidance.

Please note we do not share the belief that all information must be shared – only that it might not be helpful to continue with couples or family therapy at this time. With that said, we cannot guarantee complete confidentiality between parties, as it does not align with our goal of being as fair and transparent as possible.

**PROFESSIONAL ETHICS:**

To adhere to the code of ethics set out by the College of Social Work (OCSWSSW) for interactions between clients and counsellors. Counsellors must always engage in professional conduct.

Therapists cannot:

- * Give or receive gifts from clients, except for those of token value.
- * Attend social events of clients unless otherwise agreed upon.
- * Advocate in legal matters or prepare reports/documents for reasons not disclosed in the initial request for service.
- * Have a relationship beyond the counselling itself. This means therapists will not engage in business, legal, medical, financial, supervisory, teaching, or evaluative activities while in the therapy relationship. They cannot be related to, have a friendship with, or have any romantic relationship with a client or anyone closely associated with the client.
- * Engage with a client on social media or respond to a review. Please note that if you choose to leave a review or testimonial, your confidentiality may be compromised.

Please note that to protect your confidentiality, we will not approach you or engage in conversation unless otherwise agreed upon. You are, however, welcome to approach us if you wish.

PHYSICAL CONTACT: To ensure the client's safety and security, and to prevent misunderstandings and maintain professional boundaries, physical contact is generally not advised.

REFERRALS AND DISCONTINUATION OF SERVICES: Even though Ganawendan has experience working with a broad range of clients, if we feel ill-equipped to meet the client's needs, we may refer the client to a more specialized therapist, out of respect for the client and our ethical obligations. If financial matters present a barrier to the client, we will also refer clients to subsidized clinics.

FEES: The Ganawendan fee is usually \$ 150 (plus HST), unless otherwise agreed. We will offer a sliding scale where possible. We charge an additional fee for home, hospital and hospice visits to account for our travel time and associated costs, which may include parking. These fees are based on 50-minute sessions unless otherwise agreed upon. Clients wishing to book longer than 1-hour sessions can discuss this with their counsellor or a staff member of Ganawendan, and the fee will be adjusted accordingly. They are booked regularly. Telephone therapy or online (Zoom) sessions of 15 minutes or longer are considered billable time.



Report or letter writing is billed at either an hourly rate or for a flat fee of \$70 for shorter requirements, unless otherwise agreed upon. Please keep careful note of your appointments to avoid mistakes and unnecessary charges. We typically send reminder notices up to a week in advance of an appointment. Still, it is **the client's responsibility to keep track of the appointment (its time and date) and cancel within the time frame necessary to avoid charges.** In cases of repeated cancellations, regardless of timing, Ganawendan will likely suggest a re-evaluation of the relationship.

To make things as convenient as possible, Ganawendan accepts payment by Interac e-transfer (our preferred option), cash (no change provided), and credit card. If a client pays by credit card, their account will be charged for no shows or late cancellations, and a receipt will be issued to them. Ganawendan will not run tabs or re-book a client who has an outstanding balance. Please note that credit card information is securely stored within the point-of-sale system.

MISSED, CANCELLED OR LATE APPOINTMENTS, AND ILLNESS:

Ganawendan requires 48 hours' notice to cancel an appointment without incurring a fee, and this applies to business days only. Unless otherwise agreed, a cancellation fee of half the regular fee will be charged if cancellations are made within the 25–48-hour time frame. The full payment will be charged for cancellations within the 24-hour time frame. Clients will be responsible for the full hour fee in the case of late arrivals to appointments. If Ganawendan needs to cancel at the last minute or begin late, we will attempt to make up the time with you, possibly over the phone or online. In the case of illness with symptoms related to flu, severe colds, infections, viruses, for example, that are easily transmitted, but where the client or staff of Ganawendan feels well enough to do the session, Ganawendan asks that sessions are moved to the phone or online video (free and confidential Zoom App). You will be asked to complete an online and telephone consent form in advance to ensure this is possible.

CLIENT'S RIGHTS:

- You have the right to ask questions to your therapist and know their qualifications
- You have the right to end counselling at any time
- You have the right to a safe and secure environment
- You have the right to ask about and discuss my policies
- You have the right to offer feedback
- You have the right to make a complaint. Email: investigations@ocswssw.org or 1-877-828-9380

CLIENT'S RESPONSIBILITIES:

The client has the responsibility to participate to their fullest in the counselling process; to treat the therapist with respect; to attend counselling as scheduled and to give sufficient notice if they are unable to attend; and to pay any fees for services as due.



CREDIT CARD INFORMATION: Ganawendan asks that clients provide credit card information for backup payment or primary payment unless otherwise agreed upon. This is to provide convenience to clients and to protect Ganawendan from non-payment. Ganawendan reserves the right to bill the credit card if the client has not paid within 48 hours. If it is used, this information is stored inside an online payment system for the purposes of recurring billing.

CREDIT CARD PRIVACY AND SECURITY: The following statements are taken directly from the company's website and provide only a part of their security and privacy policy. "Pay Links is powered by GoDaddy Payments, our own secure payment processor. We follow strict PCI compliance standards and use advanced encryption to hide sensitive information, keeping your business and customers safe." Ganawendan strongly recommends that clients read the privacy and security policy in its entirety before providing consent for its storage and use, and with the understanding that there are always risks to storing this information:

Please indicate whether you understand the benefits and risks associated with storing your credit card with this company, and consent to having your credit card information stored with this company (GoDaddy Payments).

Yes _____ No _____

If yes,

Name on card: _____

Visa/MC #: _____ Exp: ____/____ CV: _____

Please indicate your preferred method of payment for each session, provided it can be made on the day of your session.

Credit card (Visa or MC) _____ E-Transfer _____

Agreed upon fee rate: \$ 150 /hour (HST will be added to this total)

Please check the box if you agree to the two statements below, and please sign and date below:

☐

I/we understand the above limits to confidentiality.

I/we have been informed of my/our rights as outlined in the Guide to Services and I/we hereby consent to participate in the therapeutic counselling process.

Name

Signature

Date

Revised: 09/29/2023



By filling out this form electronically and returning it to Ganawendan, you acknowledge that you have read, understood, and agree to ALL of the above statements and conditions.

Signature Name Date

Witness Name _____. Phone Number _____

Witness Signature _____ Date Witnessed _____

For Office Use Only:
Ganawendan Staff Acknowledgement of Intake Received

Name of Staff _____

Date of Intake completed/received _____ -

Did you go over the document with the client? Yes/No _____

Has the client made a payment or provided direct billing information? Yes/No _____

Payment confirmation Number _____

Direct Billing Confirmation Number _____

Next appointment _____

Staff signature _____. Date _____