HEALING hc CONNECTIONS

Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session.

Please note: Information provided on this form is protected as confidential information.

Personal Information

Name:_____ Date:_____

Parent / Legal Guardian (if under 18):_____

Address:_____Postal Code_____

Preferred Phone:_____ May we leave a message? ☐ Yes ☐No

Cell / Work / Other Phone:_____ May we leave a message? ☐ Yes ☐No

Email:_____ May we leave a message? ☐ Yes ☐No

***Please be aware that Email correspondence is not considered to be a confidential medium of communication*

DOB:_____ Age:_____ Gender_____

Marital Status:

☐Single ☐Dating ☐ Domestic Partnership ☐Married

☐Separated ☐ Divorced ☐Widowed

Length of relationship (if applicable):_____

Primary Physician:_____

Emergency Contact Person:_____

Emergency Contract Phone:_____

Partner Information (If Applicable)

Name:_____

DOB:_____ Age:_____

Address:_____Postal Code_____

Preferred Phone:_____

Cell / Work / Other Phone:_____

Email (optional):_____

Children Information

Last Name	**First Name**	**DOB** (dd/mm/yyyy)	**Age**	**Address** (if different)
_____	_____	____/____/_____	_____	_____
_____	_____	____/____/_____	_____	_____
_____	_____	____/____/_____	_____	_____

Partner's Children Information

Last Name	**First Name**	**DOB** (dd/mm/yyyy)	**Age**	**Address** (if different)
_____	_____	____/____/_____	_____	_____
_____	_____	____/____/_____	_____	_____
_____	_____	____/____/_____	_____	_____

History

Have you previously received any type of mental health services (psychotherapy, psychiatric services, counselling, etc.)?

☐No ☐Yes – Prior Therapist / Practitioner:_____

Are you currently taking any prescription medication? ☐No ☐Yes

If yes, please list:

_____

_____

Have you ever been prescribed psychiatric medication? ☐No ☐Yes

If yes, please list and provide dates:

_____

_____

How would you rate your current physical health? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

_____

_____

How would you rate your current state of mental health? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

_____

_____

Are you currently experiencing overwhelming sadness, grief or depression? ☐No ☐Yes

If yes, for approximately how long?_____

Additional Information

1. Are you currently employed? ☐No ☐Yes

If yes, please name your employer: _____

What is your current occupation?_____

2. Do you consider yourself to be spiritual or religious? ☐No ☐Yes

If yes, please describe your faith or belief:_____

_____

Fee Agreement

Rates

$190 per 60 minute therapy session.

Insurance

While Healing Connections Inc. does not direct bill, we do provide receipts with every payment that can be submitted to your insurer. We will also issue invoices upon request. You may be covered in full or in part by your company's employee benefit plan. Please check your coverage carefully by asking questions such as:

- Do I have employee/family assistance plan (EFAP) benefits?
- What does my plan cover for counselling sessions?
- Do I need prior approval from my benefit provider?

Fee Subsidy

Subsidized session fees may be available on a limited basis. Please let us know prior to booking if this type of assistance could apply in your situation.

Payment

Cash, check, e-transfer, and all major credit cards are accepted for payment. Payments are due at each session, unless a prior arrangement exists.

PLEASE NOTE

To maintain the accessibility of therapy for others, please be courteous and notify us ***within 24 hours*** *if you need to cancel. Thank you.*

Confidentiality

The law protects the relationship between a client and counsellor, and information cannot be disclosed without written permission. Exceptions include:

- Suspected child abuse, for which we are required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, we must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, we are ethically bound to act in order to ensure their safety.
- If we are subpoenaed by court to release your file.

_____ _____

Signature Date