

Client Intake Form

Personal Information:

Name: _____ Email: _____
Mailing Address: _____ City: _____ Postal Code: _____
Home Phone #: _____ Cell #: _____
Okay to leave a phone message: Yes No Text: Yes No Email: Yes No
Best time to contact you: Day: _____ Morning Afternoon Evening
Emergency Contact: _____ Relationship: _____
Home Phone #: _____ Cell #: _____
Birthday: _____ Gender: _____ Sexual Identity: _____
Marital Status: _____ Anniversary: _____ Ethnicity/Race: _____
Occupation: _____ Employer: _____

Current Family Information:

Name	Relationship	Relationship Type	Age	Location If Not in Home	Relationship Description
Name					

Relevant Medical Information:

Family Doctor: _____ Phone #: _____
Medical Condition(s): _____
Are you currently taking medication for this condition: Yes No

Previous Counselling:

Have you attended counselling before: Yes No
If yes, When: _____ Duration: _____
Counsellor / Agency: _____
Reason(s): _____
What was helpful / not helpful: _____
Anything Missed / Not Addressed: _____

(turn over)

Current Counselling:

What brings you here today? _____

What would you like to achieve in our work? _____

How will we know when we have completed our work? _____

The best time to attend sessions: Day of week: _____ Morning Afternoon Evening

Referral Information: How did you hear about Ultimate Wellness Inc.?

Church / Pastor Internet Brochure Advertising Friend Agency

Please Specify: _____

Religious Affiliations:

None: Name of Church: _____ Denomination: _____

I attend regularly I attend occasionally I attend rarely

Other groups or organization: _____

Payment:

I agree to pay the fee of \$120.00 per hour for individual session, or \$150.00 per hour for couple or family sessions at the end of each session. Payment may be made by cash, MasterCard, Visa, e-transfer, or cheque made payable to Ultimate Wellness Inc. If other arrangements need to be made, speak to your counsellor.

Counselling Coverage (If applicable)

Provider Name (Band / Insurance Provider / Other): _____

ID: _____ Contact Person: _____

Contact Information (Phone / Address): _____

Confidentiality:

As a Registered Professional Counsellor, I adhere to a strict code of ethics and standard of confidentiality. With the following exceptions required by law:

1. The client reveals serious risk of harm to self or others.
2. The client reveals information about risk or abuse to children.
3. Subpoenaed by a Federal or Provincial Court.

It is understood that the counsellor may consult with peer counsellors or supervisor. All other information will not be shared or disclosed to anyone without your signed written consent.

For effective therapy it is important to maintain regular contact and understand expectations between both parties.

Appointments

- Your counsellor will make every effort to be ready on time. If you arrive late your session will finish at the appointed time.
- Your counsellor will take reasonable precautions to ensure the therapeutic space is free of interruptions, and the client is asked to respect the therapy space. No calls/text during sessions.
- Your counsellor can be contacted by phone/text at 780-898-3013 between 9:00 am and 7:00 pm on weekdays, or 9:00 am and 1:00 pm on Saturday. Messages will be returned as soon as possible, usually by the end of the next business day.

Sessions

- Each session consists of 50 minutes of therapeutic time, 10 minutes for writing session notes.
- Sessions can be in-person, e-therapy (video conference), or tele counselling (phone).
- Counselling is a process that helps the client reflect on the situation, look for possible solutions that will work for them, and make a decision that addresses their concern(s).
- Your counsellor will encourage you to talk about what troubles you, listen to what you have to say. The aim is to help you become cleared about the extent of the issue(s).
- Our work will involve considering what you think, feel, and do (or not do), how our thoughts, emotions and behaviours interact and the effects they have on the client and others.
- Our work will help you find internal resources required to change how you think and act, to make the changes that you have decided to make.

Record Keeping

- Brief notes of the sessions are required to be maintained and are the property of the counselling office. Records are securely stored for a period of 36 months after counselling has ended and then they will be destroyed.

Additional Work

- If arrangement have been made to contact your counsellor between sessions, about a matter relating to your therapy session and you need to speak for more than 10 minutes, you may be charged a *pro rata* rate, in 15 minutes increments.
- Any reports that you ask to be written or read in conjunction with your therapy may be billed at a *pro rata* rate, in 15 minutes increments.

Health

- Please avoid the use of affect altering drugs or alcohol before a session.
- Continue to take prescribed medication as directed.
- The counsellor is responsible to monitor their health and ability to work effectively. A session may need to be cancelled at short notice, due to illness or other unforeseen major life events.

(turn over)

Other Responsibilities of the Client

- The client is responsible for their own thoughts, feelings, actions, and personal growth.
- The client is responsible to ask about anything that is unclear to them or causes them concern.
- The client is responsible to communicate any change in circumstances that might influence your therapy.

Cancellation

- The client may be charged for any appointments missed or cancelled with less than 24 hours' notice. Consideration is given for serious illness or other unforeseen major life event.
- If the client needs to cancel a session because of foreseen circumstances, please inform your counsellor as soon as you become aware.
- The counsellor will notify the client at least two weeks in advance when they take holidays.

Ending Counselling

- If you have decided to end counselling, please discuss this with your counsellor, a final session will be set up to ensure appropriate arrangements are in place to safely end the therapeutic process. If the counselling work has been completed, a review of the client's current situation will be conducted.

I understand and agree to the above terms.

Client's Signature: _____	Date: _____
Counsellor Signature: _____	Date: _____