



Clearview

COUNSELLING CENTER

clearviewcounsellingcenter.ca | 204.960.8085

Intake Form

Name: _____
Date of Birth: _____ Gender: M F Other: _____
Marital Status: Single Married Separated/Divorced Remarried Widowed
Date married/divorced (if applicable): _____

Contact Info:

Home Phone: _____ Cell Phone:* _____
What time of day is best? _____
Can we leave a voice message at this contact number?* Yes No
Email:* _____
May we email you?* Yes No
Address: _____
City: _____ Postal Code: _____

In Case of Emergency:

Emergency contact: _____ Relationship: _____
Phone: (home) _____ (cell) _____ (work) _____

Payment Method: Etransfer Cheque Visa/MasterCard Cash

Medical Info:

Primary Care Physician: _____ Contact info: _____
Medical conditions: _____
Previous medical conditions/surgeries: _____
Please list any medications you are currently taking, including natural supplements & vitamins: _____

Services Required:

Individual Therapy Couples Therapy Family Therapy Child Therapy Other Group
What issues bring you to counselling: _____

Have you previously received any type of mental health services? Yes No

When could you be available for an appointments?

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment: Counselling is a collaborative relationship that empowers diverse individuals, families, and groups to find appropriate solutions to issues and to accomplish mental health, wellness, education, relationship, and career goals. It is not advise giving or a quick fix. It requires time and a commitment to go through the process together. The counselling relationship is not judgmental, but accepting and supporting for the client as they make decisions and changes to their lives in order to help reach their goals.

Treatment Termination: The counselling relationship will be terminated upon any of the following: 1) the client reaches their goals and no longer needs therapy, 2) the client-counsellor relationship is not conducive for the client's well-being, 3) there are issues of aggression or threats made against the therapist, 4) the client is referred to another therapist.

Referrals: If a client requires more care than I am qualified to give, they will be referred to a professional who is capable of providing that level of therapy or treatment.

Fees & Cancellation Policy: Fees for each session are to be paid prior to the beginning of the session. Notice of at least 24 hours is requested for cancellation unless for medical reasons.

Confidentiality: As Professional Therapist, I adhere to a strict standard of confidentiality and code of ethics. All of the information shared will not be disclosed to anyone without permission from you. Exceptions for disclosure: (1) When legal requirements demand material to be revealed for Federal or Provincial Court, (2) criminal code violations where physical and/or sexual abuse of children are involved, (3) whereby disclosure is required to prevent clear and imminent danger to the client or others. Most sessions are recorded by audio only and kept on a secure server, available only to myself and unless requested by court they are never released.

Minors: When working with minors, confidentiality to the parent/guardian will only be broken with permission from the minor, or in cases of abuse, self-harm, suicidal plans, or violent threats. However, I will give progress updates as needed, share the general direction of therapy, and encourage the client to have open communication with the parent/guardian.

I understand and agree to the content stated above:

Signed: _____

Date _____