

Intake Form

Date: _____

Day / Month / Year

Client Name: _____ DOB: _____

Parent Name(s): _____ DOB: _____

Address: _____ City: _____

Postal Code: _____

Email Address: _____

Home phone #: (_____) _____

Okay to leave a message? Yes ☐ No ☐

Alt Phone #: (_____) _____

Okay to leave a message? Yes ☐ No ☐

Emergency Contact: _____

Phone: _____

Relationship to Client: _____

PARTICULARS: Counselling will involve: Family ☐ Couple ☐ Self only ☐

1. Have you been involved in therapy or counselling before? Yes ☐ No ☐

If yes, when: _____ Where: _____

Reason(s) _____

What worked well in therapy/what didn't? _____

2. What concerns/problems are you currently experiencing? _____

3. Expectations/hopes from therapy? _____

4. How did you find out about Revive Counselling Services? _____

5. Any significant health problems you have had: _____

6. Medications you are presently taking: _____ Amount: _____

7. Name of Dr: _____ Phone #: _____



Therapy Agreement & Informed Consent

What is Clinical Counselling?

Clinical counselling helps people improve their mental, emotional and physical health while encouraging positive relationship with self, others and the larger community. The building of a trusting and comfortable relationship between client(s) and counsellor is important as counselling may cover topics of distress, therefore questions or comments on the counselling process are invited at any time.

Benefits of Therapy/Risks of Therapy:

Benefits include gaining personal insights, learning new and positive ways to cope or to solve problems, developing new skills, changing unwanted behaviors, and reduction of emotional, mental, and physical distress (BCACC, 2007).

For therapy to be successful, it is essential that clients attend sessions, and make a sincere effort to work on issues in and out of session.

Risks may include evoking strong emotions or difficult memories, changing beliefs or behaviors, and relating to others in different ways. Most people who take these risks usually find that therapy is helpful. You can continually discuss any concerns you are having with your therapist.

Some therapies such as OEI, EMDR, or Clairty Direct Neurofeedback, may have side effects such as spacyness, headache, temporary increase in symptoms, dreams/nightmares, nausea, or tiredness. Please inform Natalie if you experience any of these after session.

Cost

The cost of a 50 minute clinical counselling session is \$120 +GST. If we decide to meet for a longer session, the bill is prorated on the hourly fee.

Clarity Direct Neurofeedback is \$100 +GST for a half hour session, or \$140 + GST if done within the 50 minute clinical counselling session.

Payment is requested by cheque or cash at the end of each in-person appointment. Payment can also be made through Interac e-transfer (this payment method is requested in advance of each session). Skype or phone counselling must be prepaid before each session through Interac e-transfer.

Advance notice of at least 24 hours is required to cancel an appointment.

You will be billed for the full cost of appointments that are cancelled with less than 24 hours notice.

*** Please initial here that you have read and agree to this cancellation policy _____**

Your time is reserved exclusively for you and therefore is not available to others. If you are late to your appointment, this will come off of your session time.

Collection and Storage of Personal Information:

Storage and collection of client information is in accordance with the personal information protection act (PIPA) and in accordance with the CCC guidelines. If you have any questions regarding this, please talk to Natalie directly.

Complaints or Questions:

If you have a complaint or question, please feel welcome to talk to Natalie first. If you would like to talk to someone else, you can contact the Canadian Counselling Association at 1-(877)-765-5565.

Confidentiality:

Information about counselling sessions will not be released to anyone without your informed, voluntary, and written consent.

Exceptions are:

- When there is suspicion or disclosure of abuse of vulnerable persons, such as a child or elderly person
- Threat or danger to self (suicide risk, driving while intoxicated/drugged)
- Threat to other (homicide risk and duty to warn, intent to have unprotected sexual contact or share IV drug needles, when infected by HIV and/or diagnosed with AIDS)
- Consultation with colleagues for the purpose of maintaining service quality (client name remains anonymous)
- When records are subpoenaed by court order

An additional exception may be made if the counselling is being paid for by a third party (such as an EAP). This will be discussed with you at the onset of counselling. Please note that the confidentiality of electronic communication cannot be guaranteed due to the nature of electronic communication. All efforts will be made to keep communication confidential on the behalf of Revive Counselling.

Contact Information: (604-454-4516)

- When I am unavailable / in session, please leave a telephone message. I will return your call as soon as possible.
- In case of emergency, please call the Fraser Health Crisis Line 1-877-820-7444.
- If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Rights & Privileges: You may ...

- ask questions about what happens in therapy, and discuss the direction of therapy.
- decide when therapy will end.
- receive a copy or prepared summary of your records to be made available to another health care provider. An appropriate fee will be charged for any professional time spent in responding to information requests.
- You may withdraw this consent at any time. Please provide this in writing wherever possible.
- You have the right to refuse particular counselling interventions.

My Education & Approach to Therapy:

Natalie Dressler, MA, CCC, TITC-CT

Master of Arts in Counselling Psychology- Trinity Western University
Canadian Certified Counsellor- Canadian Counselling Association - #5736
OEI (Observed Experiential Integration) Certification- Level I & II
Sensorimotor Psychotherapy Certification- Level I
Clinical Traumatologist – Traumatology Institute of Canada
Clarity Direct Neurofeedback Practitioner
EMDR (Eye Movement Desensitization Reprocessing)- Level I
Gottman Method - Couples Counselling Level I & II
Janina Fisher -Working with the Neurobiological Legacy of Trauma Series- Level II & III

My approach to therapy is guided by client needs and preferences. Some therapies used may include sensorimotor psychotherapy, internal family systems therapy, clarity direct neurofeedback, EMDR, OEI, attachment theory, Gottman method couples counselling, solution focused therapy, art therapy, trauma therapy, cognitive-behavioral therapy, Christian counselling (upon request), as well as techniques such as mindfulness, visualization, journal-keeping, and bibliotherapy.

Contacting other Health Professionals:

It may be helpful or necessary for Natalie to speak to other professionals who may be involved in aspects of your physical and emotional health. Wherever possible, this will be done with your understanding the intent of such contact. You have the right to know what transpired in any conversations between your counsellor and other professionals.

*PLEASE CONFIRM BY INITIALLING HERE THAT YOU GIVE YOUR PERMISSION FOR ME TO GIVE UPDATES AND/OR DISCUSS YOUR CASE WITH THESE PROFESSIONALS _____

Other professionals involved in my health care are (ex. Dr's, SW's, other therapist's):

NAME: _____ CONTACT: _____

NAME: _____ CONTACT: _____

Were you referred by your Dr. or an agency? YES/ NO

Initial, _____ if you give permission for us to acknowledge this referral with the referring Dr. or agency, etc. YES/NO

Clients with Addictions Concerns:

Clients must not be affected by substances at the time of the counselling appointment. This typically requires that a client is sober for 24 hours before the time of the appointment.

Consent to Treatment:

Before you sign below, please ask any questions you may have of this document.

x I have read, understood, and agree to accept counselling services as described here.

x I consent to receive electronic communication from Natalie (ie. email correspondence).

Date: _____ Client 1: _____

Print Name

Sign Name

Date: _____ Client 2: _____

Print Name

Sign Name

Date: _____ Parent/Guardian: _____

Print Name

Sign Name

Date: _____ Therapist: _____

Print Name

Sign Name