

## Intake Form

Date: \_\_\_\_\_

Day / Month / Year

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone #: (\_\_\_\_\_) \_\_\_\_\_

Okay to leave a message? Yes ☐ No ☐

Alt Phone #: (\_\_\_\_\_) \_\_\_\_\_

Okay to leave a message? Yes ☐ No ☐

Would you like an email appointment reminder? Yes ☐ No ☐

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Name of Dr: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 was your experience like? \_\_\_\_\_

\_\_\_\_\_

2. What symptoms and concerns would you like to address in counselling? \_\_\_\_\_

\_\_\_\_\_

3. Expectations/hopes from therapy? \_\_\_\_\_

\_\_\_\_\_

4. Have you had any recent thoughts of suicide/self-harm? \_\_\_\_\_

5. Please list any medical or mental health diagnosis you have had that feel relevant to counselling:

\_\_\_\_\_

6. Medications you are presently taking: \_\_\_\_\_ Amount: \_\_\_\_\_

7. How did you find out about us? \_\_\_\_\_

## 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 EMDR may have side effects such as spaciness, headache, temporary increase in symptoms, dreams/nightmares, nausea, or tiredness. These are all temporary. Please inform Amy if you experience any of these after session.

### **Cost**

The cost of a 50 minute individual counselling session is \$120 +GST. Couple and family sessions are \$125 + GST. If we decide to meet for a longer session, the bill is prorated on the hourly fee.

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 at the start of each session). Video or phone counselling must be paid at the start of 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 RCC guidelines. If you have any questions regarding this, please talk to Amy directly.

All of your information is kept in your file, which may be stored electronically on a secure encrypted server or on encrypted computer files, or physically in a locked filing cabinet in my office.

\* Accounting records kept via Quickbooks meet online security standards, but at this time are not PIPA compliant. If you have any concerns about this, please contact Amy directly and she can input records without your name disclosed.

### **Complaints or Questions:**

If you have a complaint or question, please feel welcome to talk to Amy first. If you would like to talk to someone else, you can contact the BC Association of Clinical Counsellors at 1-(800)-909-6303.

### **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)
- Couples therapy- If the couple decides to have some individual sessions, content in those individual sessions will be considered to be part of couples therapy, and may be discussed in our joint sessions.
- 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.

### **Online Therapy (Optional):**

Online therapy is an alternative to in-person therapy sessions.

- The laws that protect the confidentiality of personal information also apply to online therapy. As such, the information disclosed during the course of therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described above.
- There are risks and consequences of participating in online therapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my counsellor, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- There is a risk that services could be disrupted or distorted by unforeseen technical problems.
- Online therapy based services may not be as complete as face-to-face services. If your counsellor believes you would be better served by another form of therapeutic services (e.g. face-to-face services) you will be referred to a professional who can provide such services in your area, or recommended to switch to this form of therapy with your current counsellor if reasonably possible.
- There are potential risks and benefits associated with any form of psychotherapy, and despite your efforts and the efforts of your counsellor, your condition may not improve, and in some cases may even get worse.

- Online therapy does not provide emergency services. If you're experiencing an emergency situation, you can call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, you can call the Crisis Centre at 1-800-784-2433 for free 24 hour support. Clients who are actively at risk of harm to self or others are not suitable for online therapy services. If this is the case or becomes the case in the future, your counsellor will recommend more appropriate services.
- There is a risk of being overheard by anyone near you if you are not in a private room while participating in online therapy. You are responsible for (1) providing the necessary computer, telecommunications equipment and internet access for your online therapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for your online therapy session. It is the responsibility of the psychological treatment provider to do the same on their end.

**Contact Information:** (604-989-0915)

- 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:**

Amy van Beekum, MA, RCC

Master of Arts in Counselling Psychology - Trinity Western University  
 Registered Clinical Counsellor - BC Association of Clinical Counsellors - #14165  
 Emotion Focused Therapy - Level I  
 Emotionally Focused Therapy for Couples - Externship  
 Lifespan Integration - Level I, II & III  
 Janina Fisher - Working with the Neurobiological Legacy of Trauma - Level I  
 EMDR- Basic Training and other advanced training

My approach to therapy is guided by client needs and preferences. Some therapies used may include emotion focused therapy, Lifespan Integration, EMDR (Eye Movement Desensitization and Reprocessing), cognitive behavioural therapy, solution focused therapy, art therapy, trauma therapy, Christian counselling (upon request), as well as techniques such as mindfulness, visualization, sand tray, journal-keeping, and bibliotherapy.

**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 Amy (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