INDIVIDUAL/FAMILY/COUPLE COUNSELLING
CLIENT INTAKE FORM

Date:

Referred by:

Name:

DOB:

Address *including postal code*

Home #:

Mobile #:

May we call you at home?

Email Address:

Relationship Status:

- [ ] Married
- [ ] Single
- [ ] Separated
- [ ] Divorced
- [ ] Widowed
- [ ] Engaged

Are you seeking counselling with/for someone else?

Relationship to you:

Does this person reside with you?

Emergency Contact *Name & Phone*

What are your reasons for seeking counselling?

What are you hoping to see changed as a result of counselling?

CONFIDENTIALITY

Before your first counseling session, it is important that you have an idea of the guidelines around confidentiality. The personal information that you discuss is held in strict confidentiality, with the following exceptions:

1) I am required to report to the appropriate child welfare authority (i.e., Children's Aid Society, Catholic Children's Aid Society, Jewish Child & Family Service, or Native Child & Family Services) and/or other relevant authorities if I have a reasonable suspicion that a child (ren) may be in danger of harm and/or abuse.

2) In cases where your initial individual appointment is in order to determine the accurate therapeutic process, information provided on this form may not be kept confidential.

3) I am obliged to notify the proper authorities if I have a "reasonable suspicion" that a client may harm himself or herself or the other parent.

4) I am required by law to release records if they are subpoenaed by court order,

5) If you are a minor, parental consent is required for a therapist to meet with you. Conditions of confidentiality are negotiated with you and your parent/ guardian.

6) If you are attending for marital therapy any information provided, at the therapist's discretion, may be shared with your spouse or partner.

7) For Family Therapy, the parents recognize the need for themselves and/or minor child to enter into a counselling relationship. Each understands that counselling will be most effective if each party feels free to discuss information that they may not otherwise wish to be privy to others, including any or all legal arenas. For this reason they have agreed not to subpoena or otherwise share any information that was obtained through this process without the express written permission of the other parent. The parents further recognize that there is no confidentiality between each of the parties but that the therapist has discretion with regard to minor children, given that information shared by the therapist may place the child (ren) in an uncomfortable position.

8) There may be times when it is important to consult with other professional connected with you and your family, such as a physician or teacher or lawyer. No such consultation will occur without a specific reason or without your written consent.

9) Information may be used for educational, consultative or supervision purposes. This would not involve disclosures of identifying information.

10) Please request a copy of my Privacy Policy or view it on www.vanbetlehem.ca, for further information on storage and retrieval of your confidential information.

FEES:

1) Fees are set at $250.00 per hour and are submitted at the start of each therapy session. In the case of child counselling, each parent is responsible for the fees for any individual sessions with the therapist. The parents will jointly pay the costs of other services such as joint interviews, interviews with the children or other work that is required.

2) Payment must be cash or cheque, made payable to: Jacqueline Vanbetlehem Inc.

3) Fees apply to all clinical, therapeutic and administrative services including consultations with other professionals, written reports, telephone consultations and e-mails. Any further services provided will be billed on a monthly basis.

4) As record keeping requirements make it necessary to log each e-mail, telephone call and /or message, and make a record of even the briefest telephone call, there will be a minimum charge of five minutes for every phone and e-mail contact, with exceptions made for brief contacts about scheduling only. Authorization to proceed with any service will be obtained prior to commencing the service.

5) I understand that cancellation of an appointment without 48 business hours notice will be charged the regular full session rate. While therapy sessions may be covered by insurance benefits, coverage does not apply when 48 business hours notice is not provided and I agree to be responsible for full payment of the missed session. This policy will be waived in the event of severe weather.

THE COUNSELLING RELATIONSHIP: The counseling relationship is centered on the needs of you, the client. You are encouraged to let me know if you have any concerns or dissatisfaction with the process. I will welcome any feedback that you may have.

I, _____ have read, understand and agree to the above:
PRINT NAME

Signature: _____ Date: _____