



POLO HEALTH + LONGEVITY CENTRE  
Francesca Tomas RPC, RTC

## Intake Form

Today's Date:\_\_\_\_\_

Name:\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

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

E mail\_\_\_\_\_

Message OK? Yes No

Were you referred by another practitioner in Polo Health Longevity center?

If yes, name(s) of your practitioner(s)\_\_\_\_\_

\_\_\_\_\_

As part of a therapeutic team at Polo Health + Longevity Centre, the counsellor will interact with that practitioner as part of a holistic plan.

Is that okay with you? Yes / No

In case of emergency, please notify:\_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

Any additional information that you feel would be helpful for us to know prior to our first session:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to be added to my e-mail list for upcoming workshops?

Newsletters Yes/No

**I require 24 hours cancellation notice, or you will be charged for the session.**

Sign\_\_\_\_\_

### Rules of Confidentiality:

Protection of your personal information is an extremely high value at Polo Health + Longevity Centre.

In the event that there is a need for disclosure of information, you as a client will first be consulted & asked to sign an authorization form for release of information. The authorization form will specify what information is to be released as well as a time frame during which the information may be released.

### Exceptions to Confidentiality:

There are legal exceptions to personal confidentiality & they are as follows:

- The courts may request case files for purposes of litigation or to settle a claim.
- In the event of the client being a minor (under the age of 19), the parent or guardian is required to give consent for the counselling.
- Abuse of a child, elder or disabled person has been reported or is strongly suspected.
- The client has threatened to harm either himself / herself or others.

Please discuss any concerns regarding the services &/or the confidentiality statement with your Counsellor prior to signing this agreement.

### Complaints:

Each of the counsellors at Polo Health + Longevity Centre has a governing body. Your counsellor will provide you with contact information as well as their personal license number if you should ever feel the need to file a report.

### Fee structure:

Individual session (60 minutes)	\$100.00
Couple Session (60 minutes)	\$115.00
Family Session (60 minutes)	\$125.00
Short one page Letter for any professional (Lawyer, probation officer, etc.)	\$ 25.00

Please let us know should you require more than 60 minutes for your session.

### Informed Consent:

The process of personal counselling is one that requires the investment of both time and energy on the part of the counsellor as well as the patient. The development of trust is not automatic but as a patient, you have a right to feel confident that you are being heard and that the counsellor is a “good match” for you. If for any reason you feel that the relationship with your counsellor is not suitable, we will endeavor to assist you in finding another qualified counsellor within our Centre. Often when patients begin the process of

counselling, they are already in a crisis and are hoping for immediate relief of the stresses/pressures. While this desire is understandable, it is important to recognize that it is unlikely that the situation occurred overnight and it is just as unlikely that it will disappear overnight. Having said that, as a patient, you should be able to have confidence from the beginning that your counsellor has both the desire and the ability to guide you towards goals that you feel are important and reachable. You will be encouraged to work with your counsellor in developing a plan that fits your needs. Every patient's journey is individual; however the use of professional techniques, applied in a systematic, non-judgmental manner can make the journey more hopeful.

## Consent for Treatment

I (we)\_\_\_\_\_ voluntarily agree to enter into a counselling relationship with \_\_\_\_\_ of Polo Health + Longevity Centre.  
I (we) understand that this relationship may be ended at any time and the counsellor will fully support my (our) decision. The counselling relationship may also be ended by my (our) counsellor for professional/ethical reasons. These reasons would be fully discussed and the counsellor would refer me (us) to another counsellor or resource to ensure the continuation of quality treatment.

As stated previously, in the case of 3rd party billing, the client will pay for the session and submit receipts for the sessions to their service provider. If funding is being provided by EAP, RHAP, ICBC or any other direct payment services, the client will be responsible to pay any fees not covered by that service provider. I (we) agree to pay \$\_\_\_\_\_ for each session.  
*It is understood that by signing this document that I (we) agree to enter into a counselling relationship with \_\_\_\_\_ of Polo Health + Longevity Centre.*  
*I (we) have read the above statements, understand them and accept these terms & conditions to be applied to the counselling relationship.*

CLIENT(S)

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

Client's signature(s):

\_\_\_\_\_  
\_\_\_\_\_

Counsellor's signature:

\_\_\_\_\_