



**CONFIDENTIAL CLIENT INTAKE FORM**  
(please print clearly)

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

Date of birth : \_\_\_\_\_ (M/D/Y) Sex: M F

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

EmailAddress: \_\_\_\_\_

Empower your Health with monthly health tips by Nature’s Touch: YES \_\_\_\_\_ NO \_\_\_\_\_

Telephone number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

May we leave messages or email relating to your visits? YES. NO

\*Please be aware that email correspondence is not considered to be a confidential medium of communication.

Marital Status:     Single                       In a relationship     Common-law     Married  
 Widowed                       Separated                       Divorced

Emergency contact: Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

How did you hear about our Clinic?  
\_\_\_\_\_

If referred, who were you referred  
by: \_\_\_\_\_

Other health care providers you are seeing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you currently employed?                       Yes                       No

Details:

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Any legal issues (past or present)?

Details:

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**Physical Health**

Are you experiencing any physical health issues?

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Do you have any sleep related difficulties?

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What are your current eating habits like? Do you exercise?

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**Mental Health**

Current Psychiatrist (if any):

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Have you seen a mental health professional in the past? If so, please provide details.

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Have you ever been diagnosed with a mental health disorder? If so, please list.

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Are you currently taking any psychiatric medication?

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What is bringing you in today? (Current issues/stressors/precipitating events)

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Have you experienced any trauma in your life? (eg. abuse, accident, natural disaster, illness, etc.)

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How have you been coping? Any coping strategies that may have worked in the past?

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Have you ever been hospitalized due to a mental health concern?

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Have you ever had suicidal ideation/attempts?

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Do you have a history of addiction/substance use/misuse?

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Is there a family history of mental health and/or addiction?

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Do you believe in religion/faith/spirituality? What brings meaning and hope to your life?

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Do you have any social supports?

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What do you hope to achieve through therapy?

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What do you consider your strengths?

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What are your hobbies/interests?

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## **Consent for Counselling Services**

This form outlines important principles that guide my practice as a therapist as well as your rights and responsibilities as a client. It is important that your decision to work together is based on accurate and informed expectations. Informed consent is the clients' full and active participation in decisions that affect them and freedom of choice based on the information shared. It is a continuous process throughout the therapeutic relationship. Please read this carefully and feel free to ask any questions.

### **Limits of Services and Assumption of Risk:**

Therapy can reduce the levels of distress you are experiencing, while helping you resolve issues. This is typically achieved through guidance, insight, and learning about new tools and resources that can be implemented into your daily life. However, these improvements cannot be guaranteed due to many variables that affect therapeutic processes. Therapy also poses the risk of feeling vulnerable and uncomfortable when discussing unpleasant situations and/or aspects of your life. It is important to understand you may feel discomfort as you discuss some personal issues and/or past events.

### **Confidentiality:**

All disclosed information is confidential meaning it will not be shared with anyone without your written permission. I maintain your records in a secure location that cannot be accessed by anyone else. However, the following are exceptions when confidentiality must be broken:

1. **Duty to warn and report:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
2. **Legal System:** If the client's case files are subpoenaed to court, the information must be released.
3. **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is harming/abusing a child (or vulnerable adult) or has recently harmed/abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of harm/abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.
4. **Minors:** If you are under 18 years of age or have been appointed a legal guardian of the courts, certain information may be shared with the guardian.
5. **Insurance Companies:** Other third-party payers may be given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

**Cancellation Policy:**

Cancellation or rescheduling of appointments requires 48 hours advanced notice. The appointment time allotted to your session is reserved exclusively for your use. If you are unable to keep your appointment, please contact us at least 48 hours before your appointment to cancel. For cancellations made with less than 48 hours notice or a scheduled appointment that is completely missed, you may be billed half of the session fee of that missed appointment. This missed session fee must be paid in full before scheduling your next session.

**Fees:**

Counselling fee for counselling sessions: As agreed upon by practitioner:

Amount per time: \_\_\_\_\_ . Initial: \_\_\_\_\_

\*Insurance coverage: If you have insurance coverage, you are responsible for checking what the requirements are and if “Registered Psychotherapist” services are covered. You will need to determine the number of sessions covered or the maximum payable per year and the method of reimbursement.

**Client’s Rights & Responsibilities:**

Clients have the right to ask any questions about any technique or intervention and be informed of their purpose and goals. Clients have the right to withdraw from counselling and/or to request a referral to another counsellor. Clients have the responsibility to take an active part in the counselling process. Clients have the responsibility to be respectful of the therapist, other staff and office space at all times. The process can be an emotional one and clients may find it difficult at times, however long-term benefits can result with commitment and openness.

By signing below, I am indicating that I have read and understood this consent form in its entirety and that any questions I had about this form were answered to my satisfaction. I agree to accept the counselling services offered here. I know I can end therapy at any time I choose to and that I can refuse any requests or suggestions made.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsellor Signature

\_\_\_\_\_  
Date