**Marilyn Woodruff**

Registered Clinical Counsellor, BCACC #10299 & CCPA

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250.754.1274

rodina@shaw.ca

Dear Client,

In order to be well informed about my policies and your rights as a client, I am providing you

with this material. Please read this carefully and, if you need clarification on any of this

information, please ask me before signing this form.

You have the right to privacy, confidentiality and professional behaviour. You also have the

right to see any files or information I keep regarding your work with me. Confidentiality is a

serious concern for me. I will not divulge any information shared in our work together without

your express, written permission, except under the following circumstances:

Limits of Confidentiality

A client’s confidentiality cannot and will not be protected:

• if a client threatens bodily harm to self or others

• if there is indication of child abuse

• if I am subpoenaed to testify in court

Please sign here to verify that you understand your rights to confidentiality and the limits, as well.

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

signature date

Permission to Consult:

From time to time, during my own ongoing peer consultation and supervision, I may desire to share some information with colleagues about our conversations so that I may better serve you in our work together. All information would be shared in such a way that your identity is kept absolutely confidential.

Please sign here if you agree to allow me to discuss your information in peer supervision or consultation, while keeping your identity confidential. Do not sign if you have reservations.

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

signature date

Sessions are payable at the end of each session by cash or cheque.

If you need to cancel or change your appointment please give 24 hours notice: sessions fees will

be charged for missed appointments and late cancellations. If you need to contact me I may be

reached at the phone number listed above. If it is an emergency and I am not available, please

call the Vancouver Island Crisis Line at 1-888-494-3888. I generally receive and reply to messages weekdays.

I look forward to a close, professional, relationship with you.

Warmly,

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

**Intake Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee: \_\_\_\_\_\_ per session

Cancellation Policy

24 hours notice of cancellation is requested or the full session fee may be charged. (Includes clients whose fees are paid by third parties who do not cover missed appointments)

18 or younger:

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limits to confidentiality, when the client is younger than 18, will be discussed with the client (and parents) prior to or at the first conversation.

Please sign here to verify that the information above is correct and that you have read and agreed to the above information.

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

signature date

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

parent’s signature (where appropriate) date

Do you Experience: (please check any that apply and put a p for those that you’ve experienced in the past)

|  |  |
| --- | --- |
| o depression  o anxiety  o panic attacks  o post traumatic stress disorder  o difficulties sleeping (too much; too little; falling asleep;frequent waking)  o lethargy, exhaustion  o outbursts of anger/rage  o difficulties relaxing  o overwhelmed  o feelings of helplessness or being powerless  o self-harming behaviours – cutting/scratching/burning/other  o thoughts of death or dying  o disordered eating | o reoccurring dreams or nightmares  o feeling out of control  o high startle response  o irregular or painful menstruation  o constipation/diarrhea  o ulcers  o chronic pain  o migraines  o chronic fatigue syndrome  o fibromyalgia  o autoimmune illnesses  o heart disease  o hypothyroidism/hyperthyroidism  o other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you currently use any of the following (indicate how often, how much, and for how long):

|  |  |
| --- | --- |
| Alcohol  Tobacco  Coffee  Soft drinks | Black tea  Marijuana  Other substances |

Are you in a significant or intimate relationship yes/no? If yes, for how long?

Are you currently: working/student/ looking for work/retired/other

How would you describe your stress level?

Do you have a relaxation practice?

What kind of exercise schedule do you keep?

Previous Counselling experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medical Issues/Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What brings you into counselling at this time?

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How safe do you currently feel? Physically? Emotionally? From others? From yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you cope? What are your strengths?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In what ways do you think counselling might help?

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