

Tina G Wellness

Counsellor & Life Coach

778-999-5301

CLIENT INTAKE FORM

Please provide the following information for our records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as our therapy. Please print out this form and bring it to your first session or allow yourself thirty minutes prior to your appointment to complete the form in the office.

Name: _____

(Last) (First) (Middle Initial)

Name of parent/guardian (if you are a minor): _____

(Last) (First) (Middle Initial)

Birth Date: ____ / ____ / ____ Age: ____ Gender:

Male Female

- Marital Status:
 Never Married Partnered Married Separated Divorced Widowed

Number of Children: _____

Local Address: _____ (Street
and Number)

_____ (City)
_____ (Prov) (post code)

Home Phone: () _____ May we leave a message?

Yes No

Cell/Other Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

Referred by: _____

HEALTH AND SOCIAL INFORMATION

1. How is your physical health at present? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

2. Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):

3. Are you having any problems with your sleep habits? No

If yes, check where applicable:

Sleeping too little Sleeping too much Poor quality sleep

Disturbing dreams

Other _____

4. How many times per week do you exercise? _____ How long each session _____

OCCUPATIONAL INFORMATION:

Are you currently employed? No Yes

If yes, who is your current employer/position? _____ If yes,
are you happy at your current position? _____ Please list any
work-related stressors, if any: _____

OTHER INFORMATION:

If there were a secret passion in your life, what would it be?

What accomplishment must, in your opinion, occur during your lifetime so that you will consider your life to have been satisfying and well lived - a life with few or no regrets.

What are your goals ?

What do you consider to be your strengths?

What do you like most about yourself?

What are effective coping strategies that you've learned?

Fees:

The fees for a 50 minute counselling session is payable at each session or for a package, at the start or the 1st session of package . Paypal and e-mail cash transfer is accepted. Receipts will be given for payment.

Cancellation:

Please contact me at 778-999-5301 or tinagutheridge@gmail.com in the event that you need to cancel or reschedule an appointment. Please provide 24 hours notice of a cancellation. Please not that if you arrive late you will have your session of the original session time and charged the full 50 minute session.

Confidentiality

In accordance with the Canadian Professional Counsellors Association, registered counsellors adhere to a strict Professional Standards of Practice and Professional Code of Ethics in maintaining confidentiality regarding your involvement in counselling.

Should you require your counsellor to communicate with another professional, written consent must be obtained prior to releasing any information.

There are exceptions to this confidentiality in situations where your counsellor:

- 1. Has evidence or strong suspicion of CHILD ABUSE
- 2. IF YOU ARE ASSESSED TO BE A DANGER TO YOURSELF OR OTHERS
- 3. If your counsellor or records are SUBPOENAED BY A COURT OF LAW.

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CLIENT

DATE