



Intake Assessment

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ PostalCode: _____

Email: _____ Phone: _____

Date of Birth: _____ Age: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Referred by: _____ Marital Status: _____

Medical Diagnoses: (mental, physical): _____

Medications Currently taking: _____

Other Practitioners Currently Seen: _____



Informed Consent

The Counsellor

I hold a Master's degree in Counselling from Gonzaga University (Spokane, WA) and am a Registered Clinical Counsellor (RCC# 9190) with the British Columbia Association of Clinical Counsellors. As an RCC I am bound by the Association's Code of Ethical Conduct and Standards of Clinical Practice. I also hold post-graduate certificates in trauma counselling in both Foundation and Advanced Self Regulation Therapy awarded by the Canadian Foundation for Trauma Research and Education (CFTRE).

Counselling Philosophy

I believe that each person comes into life with a certain amount of resiliency, determined by their early development experiences. Throughout life we may experience trauma, loss, and a variety of stressors that impact our nervous system in ways that reduce our ability to self regulate/diminish our sense of resiliency. My perspective is grounded in neuroscience research and I work collaboratively with my clients to help reduce dysregulation in their nervous system that might present as depression, anxiety, chronic pain, insomnia, auto immune disorders, etc. This process helps to bring them back into a state of increased resiliency and freedom that allows them to experience the fullness of their lives. My approach is gentle and non-cathartic; sessions generally do not feel overwhelming and the client feels a sense of control.

Practice Philosophy

The counselling relationship is professional and respectful. You have the right to voluntary participation and confidentiality. Counselling is most successful when you feel you are in a comfortable environment and have built trust with your counsellor and takes different lengths of time for different people. You have the right to ask questions, to ask for a break, or to stop counselling at any time. If you are working with another counsellor it is important that I know so to avoid practice conflict.

The course of therapy is influenced by multiple factors. Every individual is unique, coming to counselling in the midst of variable outside experiences and environments. We will discuss your goals for the counselling process as a whole as well as for each session. You have the freedom to say what you want to work on for each session. With the potential for growth and change, there is the potential for feeling difficult or painful emotions. This is a normal part of the counselling process and we will continue at a pace that is comfortable to you.

Appointments and Fees

Appointments are 50 minutes long and each session is \$130.00, taxes included. Please allow 48 hours notice for any changes or cancellations. Any no-show appointments or late cancellations will result in an outstanding amount of the regular session fee of \$130.00. Payment is accepted by cash, credit card, cheque or email transfer. Any cheques that are returned will incur an additional charge of \$42.50 for bank fees.

Confidentiality

One of the most important rights the person seeking counselling has involves confidentiality. Information revealed by you during the counselling will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

- Legal obligations:** *These situations involve danger to self, danger to others, child abuse, or court subpoena.*
- Your authorization:** *Your written authorization permitting release of information to specified parties.*
- Professional consultation.** *Counsellors often consult with other colleagues or clinical supervisors at times to gain assistance and insight in providing quality and helpful service. Identifying information is never shared and all attempts to maintain confidentiality are made.*

The therapeutic services are not intended for litigation purposes, Session notes are for the sole benefit of assisting the therapist in the therapeutic process.

CONSENT TO COUNSELLING

Your signature below indicates that you have read this Agreement and agree to its terms.

Signature of Client

Signature of Therapist

Date _____

You can contact me at 250-801-8272 or by email at tara@westkownacounselling.com. I will respond within 24 hours. If you are in crisis or an emergency, you can also call one of these numbers:

**Crisis Line 1-866-661-3311
Kids Help 1-800-668-6868**

**BC Crisis Line for Suicide 1-800-SUICIDE
911 Emergency**