



Please complete this form. This information will help your counsellor understand you and your situation.

All information is confidential. ...PLEASE PRINT

Your Name: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Is your spouses address different than yours:

\_\_\_\_\_

Your age & Birth date: \_\_\_\_\_ Spouse's age & Birth date: \_\_\_\_\_

Your E-mail: \_\_\_\_\_ Spouse's E-mail: \_\_\_\_\_

Personal Status: ( # of years)

Married \_\_\_\_\_  
Common Law \_\_\_\_\_  
Separated \_\_\_\_\_

Children:

Name	Age/grade	At home?
_____	_____	_____
_____	_____	_____
_____	_____	_____

**How did you become aware of Riverbend Counselling?** (referral, internet, etc)

\_\_\_\_\_

**Health**

Do you have any medical conditions that cause you concern? If so, please explain: \_\_\_\_\_

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

Please describe any hospital treatment in the last 12 months?

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

Are you taking any medication now? \_\_\_\_\_ If yes, what? \_\_\_\_\_

**Religious Background:**

Church affiliation or denomination: \_\_\_\_\_

Describe the importance of your religious background and beliefs to your every day life:

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

**Have you ever previously seen a counsellor?** \_\_\_\_\_ If yes, please list when and with whom:

What were the reasons for seeing the counsellor?

**What are your main concerns regarding your marriage now?**

**What stressors are you and your spouse faced with?**

**How would you describe your ability to communicate with your spouse?**

**What is the most important memory you have of your marriage?**

**What is the most difficult issue(s) that you and your spouse have had to face?**

**If you could change one thing about your spouse or your circumstances, what would that be?**

Please read the Client Notice on the next page, and sign.

**CLIENT NOTICE:**

**OUR PASSION** is to provide meaningful help that is life-transforming. Our counsellors are dedicated to helping you work through issues and problems as directly and rapidly as possible. Their education, professional experience and genuine heart for helping people equips them to respond to your needs effectively. They are committed to do so with open directness in a kind and respectful manner. Successful counselling also requires that you, the client, be dedicated to openness and honesty in a fair and respectful manner.

**CONFIDENTIALITY**

All communication between you and the counsellor is held in strictest confidence and will not be released to anyone without your written permission. Reports to physicians and insurance companies will not divulge personal material that has been given in confidence unless directed otherwise by the client. The only exception to confidentiality is the legal requirement to report circumstances wherein a client states an intention to harm self or others, and in cases of abuse.

**SCHEDULING APPOINTMENTS**

Appointments are available during regular office hours, and some evenings and Saturdays. A regular session is 1 hour in length, however we realize that on occasion this will vary according to your needs. If a counsellor is unavailable to meet with you in a reasonable time frame, we will be happy to provide you with referral possibilities. We do not provide an outpatient emergency response.

**FEES**

The basic fee is **\$80 per session**. Our desire is to provide affordable counselling, and we will take into account a persons ability to pay. By signing below, you are agreeing to be fully responsible to pay for all services rendered and to pay in full at the time of appointment, unless other arrangements have been made. **Telephone and email communication** is also billable time, (as well as requested letters, reports or documents), upon the discretion of the counsellor. Cash or Cheques are accepted, made payable to Riverbend Counselling.

**CANCELLATIONS**

Please give 24 hours notice for any cancellation. A fee of \$40 will be billed for late cancellations or missed appointments.

**I have read and understand the above statements, and agree to pay the stated fee.**

Signed: \_\_\_\_\_  
Client

Date \_\_\_\_\_

Witnessed: \_\_\_\_\_  
Counsellor

Date \_\_\_\_\_

**Parent/Guardian of Minor (under 16):**

I/We \_\_\_\_\_ parent(s)/guardian(s) of \_\_\_\_\_, a minor child, hereby voluntarily grant permission to \_\_\_\_\_ to provide counselling services to our child. I/we understand that such permission may be revoked, in writing, at any time.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_