



Please complete this form. This information will help your counsellor understand you and your situation.  
**All information is confidential. PLEASE PRINT.**

<p><b><u>Contact Info:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone (home): _____</p> <p style="padding-left: 40px;">(cell): _____</p> <p style="padding-left: 40px;">(work): _____</p> <p>E-mail: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Phone (home): _____</p> <p style="padding-left: 40px;">(cell): _____</p> <p style="padding-left: 40px;">(work): _____</p> <p>E-mail: _____</p> <p>Age or Birth date: _____</p>
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**Personal Status:** (# of years)

Engaged \_\_\_\_\_

Married \_\_\_\_\_

Common Law \_\_\_\_\_

Separated \_\_\_\_\_

<b><u>Children:</u></b>	Age/grade	At home?
Name _____	_____	_____
_____	_____	_____
_____	_____	_____

**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, please list: \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Religious Background:** Church affiliation or denomination: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**What are your main concerns (the reasons for seeking counselling)?**

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

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**Please read the Client Notice, and sign.**

**CLIENT NOTICE:**

**OUR PASSION** is to provide meaningful help that is life-transforming. We are dedicated to helping you work through issues and problems as effectively as possible. Our skilled and educated counsellors are equipped to respond to your needs in a professional manner. The collaborative environment among our team of counsellors adds value to the services we provide. Collectively we have roughly 75 years of experience. Successful counselling also requires that the client be dedicated to openness and honesty

**CONFIDENTIALITY**

All communication between you and the counsellor is held in strict confidence and will not be released to anyone without your written consent. The limit to confidentiality includes (a) legal requirement to report circumstances wherein a client states an intention to harm self or others, (b) in cases of abuse, and (c) for purposes of consultation and/or supervision strictly in the confines of Riverbend Counselling staff.

**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**

Our desire is to provide affordable counselling, and we will take into account a persons ability to pay. We have a range of fees between \$90 and \$115 per session (plus GST). Your counsellor will talk about the options with you. We do what we can to take into account a person's ability to pay. **We do not direct bill Insurance** – (exceptions are specific EAP plans authorized before appointments are scheduled).

By signing below, you are agreeing to pay for the services rendered at the time of appointment, unless other arrangements have been made. Telephone and email communication may be billable time upon the discretion of the counsellor (including requested letters, reports or documents). We accept payment by credit card, debit, cash or cheques (made payable to Riverbend Counselling). PayPal is also available.

**CANCELLATIONS**

Please give 24 hours' notice for any cancellation. A fee (1/2 your regular session fee) 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: \_\_\_\_\_ Date: \_\_\_\_\_  
  Client

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

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