



Please complete this form. **All information is confidential.** ...PLEASE PRINT

Your Name(s): _____

<p>Contact Info: Address: _____ City: _____ Postal: _____ Phone (res): _____ (cell): _____ (work): _____ E-mail: _____</p>	<p>Personal Status: Birth date: _____ (# of years) Single _____ Common Law _____ Married _____ Separated _____ Divorced _____ Widowed _____ Children: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age/Grade</th> <th style="text-align: left;">At Home</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> </p>	Name	Age/Grade	At Home	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Age/Grade	At Home											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

Health

Please describe medical or hospital treatment in the last 12 months? _____

Are you taking any medication now? _____ If yes, what? _____

Have you ever seen a counsellor or social/justice agency? _____ If yes, please list:
(With Whom, When & Reason)

Name of person and/or organization that referred you here? _____

Religious Background? _____

What type of concern brought you here? _____

Please read the Client Notice on the opposite side, and then 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 effectively to your needs. Successful counselling also requires that the client be dedicated to openness and honesty. We are committed to responding to your needs with open directness in a kind and gentle manner.

CONFIDENTIALITY

All communication between you and the counsellor is held in strictest confidence and will not be released to anyone without 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 **\$70 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 \$35 will be billed for late cancellations or missed appointments.

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

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 services to our child. I/we understand that such permission may be revoked, in writing, at any time.

Signature of Parent or Guardian: _____ Date: _____