



**RIVERBEND  
COUNSELLING**  
YOUR JOURNEY TO  
HOPE

## Intake Form

Save and Email this fillable form to  
[contact@riverbendcounselling.ca](mailto:contact@riverbendcounselling.ca)

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

<u>Your Info:</u>	<u>Partner / Spouse</u> <u>Parent / Guardian</u>
Name: _____	Name: _____
Address: _____	Address: _____
Phone (home): _____	Phone (home): _____
(cell): _____	(cell): _____
(work): _____	(work): _____
E-mail: _____	E-mail: _____
Birth date / age: _____	Birth date / age: _____

Personal Status: (# of years)  
Engaged \_\_\_\_\_  
Married \_\_\_\_\_  
Common Law \_\_\_\_\_  
Separated \_\_\_\_\_  
Other \_\_\_\_\_

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

**How did you become aware of our services?** (referral, internet) \_\_\_\_\_

**Health:** Do you (or your partner/children) have any medical conditions that cause you concern? Briefly describe:

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Are you (or your partner) taking any medication now? \_\_\_\_\_ If yes, please list:

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**Occupation and Employer:** \_\_\_\_\_

**Spouse occupation/employer:** \_\_\_\_\_

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

Have you seen a professional counsellor or coach previously? \_\_\_\_\_ If yes, please mention when and with whom:

\_\_\_\_\_

Religious Background: church or denomination: \_\_\_\_\_

What are your main concerns now (the reason for seeking counselling/coaching)?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**OUR AIM** 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/coach are equipped to respond to your needs in a professional manner. The collaborative environment among our team of counsellors/coach adds value to the services we provide. Successful counselling also requires that the client be dedicated to openness and honesty

**CONFIDENTIALITY:**

All communication between you and the counsellor/coach 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 child abuse. Also, in order to provide you with the best possible care your counsellor/coach may consult with others on our staff and during the course of professional supervision at Riverbend Counselling & Wellness Inc.

**BENEFITS and RISKS:**

The counselling/coaching process intends to provide help, such as relief from distressing symptoms, improved emotional health, new approaches to problem solving and decision making, better coping skills, more satisfying relationships, and so on. It is possible, though, that significant personal change may be a stressful and painful process and could include periods of intensified emotions such as increased awareness of your feelings, values and beliefs that could lead to making strenuous decisions and new behaviors.

**SCHEDULING APPOINTMENTS:**

Appointments are available during regular office hours, and some evenings. It is common to have bi-weekly sessions and each session is one hour, however we will determine a treatment plan together according to your needs – to meet more or less frequently and for longer or shorter sessions.

If we are unable to provide a counsellor/coach to meet with you about your particular needs in a timely fashion, we will be happy to suggest referral possibilities. We do not provide an outpatient emergency response.

### FEES

The professional services we provide include a range of fees. Our receptionist can help explain the options, and you can talk it over further with your counsellor/coach on any of your visits. We generally do not direct bill to Insurance companies, although statements can be provided for you to seek reimbursement from your insurance provider. Credit card, debit, cash, cheques and PayPal are accepted.

Your fee has been determined at \$\_\_\_\_\_ (plus GST). In a few instances fees may be covered by a third party: \_\_\_\_\_

Contact between sessions may be billable at the discretion of the counsellor/coach (including requests for letters or written reports).

### CANCELLATION or Missed Appointments

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.

Termination of Services: Either the client or the counsellor/coach may initiate the termination of services. It is best if both parties participate in this process since it is an opportunity for a constructive evaluation and integration of the work done during the counselling/coaching sessions.

Audio, Video Recordings & Photos are strictly prohibited in all areas of our agency. All cell phones must be turned off when in session.

**I certify that the above information is correct, I have read and understand the above statements, agree to treatment and to pay the stated fee.**

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

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

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_  
Counsellor/Coach

### Parent/Guardian of Minor (Under age 16)

I/We \_\_\_\_\_ / \_\_\_\_\_, the parent / legal guardian of  
\_\_\_\_\_, (D.O.B: \_\_\_\_\_), a minor child, hereby voluntarily  
grant permission to Riverbend Counselling & Wellness Inc. agency to provide counselling/coaching services to  
the said child (children). I / we understand that permission may be revoked, in writing, at any time.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_