# Intake & Informed Consent Form

Kindly fill out this form at least 24 hours prior to your first appointment. Thank you!



Legal First Name	Legal Last Name	Date Of Birth (MM/DD/YYYY)
Street Address	City	Postal Code
Phone Number	Email Address	
	Preferred Method of	Contact:
Current Marital Status	O EMAIL	O PHONE
Please select the followin	g areas of concern that apply	at this time:
Feeling stressed/under pre	ssure	anxiety O Difficulty making friends
Feeling lonely Cryin	g spells O Feeling numb/cut o	ff from emotions O Angry outbursts
<ul> <li>Excessive fear of specific p</li> </ul>	laces/objects O Victim of ab	ouse Onability to control thoughts
Feeling as if you're better o	off dead OFeeling manipulate	ed or controlled by others O Trauma
O Hearing voices/hallucination	ons O Difficulty making decision	ons O Self-harm O Nightmares
O Sexual concerns O L	oss or increase in appetite	Addictions (alcohol/drugs/pornography)
O Lack of self-confidence	O Issues with food and/or weigh	nt O Concerns about physical health
Obsessions/compulsions wi	th certain activities Other:	

# RISKS & BENEFITS OF COUNSELLING

Counselling is an intensely personal process which can evoke unpleasant memories or strong emotions to the surface. There are no guarantees that counselling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly.

Counselling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. However, there are many benefits to counselling. Counselling can help you gain personal insights, develop coping strategies, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage emotions, learn to live in the present, and empower you to be the change you wish for yourself.

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#### CONFIDENTIALITY

Your counsellor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent to release information form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your counsellor may consult with a supervisor or other professional counsellor in order to give you the best service. In the event that your counsellor consults with another counsellor, no identifying information such as your name would be released.

# Limits to confidentiality are:

- 1. When there is a chance that a child, developmentally disabled person or dependent adult is being abused.
- 2. Your counsellor determines you are a danger to yourself or others.
- 3. Your counsellor is ordered by court to disclose information about you.

#### PROFESSIONAL FEES

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50-minute session \$130	80-minute session \$185
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# CONSENT TO COUNSELLING

0	I have read the Informed Consent and understand the context in which I will receive counselling services from Trisha McManus, RCC.		
0	I have the right to withdraw from the counselling process at any time either at my own initiative or in consultation with my counsellor.		
0	I agree to attend counselling session on time as scheduled.		
0	In the event I am unable to attend counselling session, I agree to provide at least 48 hours advance notice. If the appointment is scheduled on a Monday, the cancellation needs to be made before 4:00 p.m. on the previous Friday.		
0	In the event I do not provide 48 hours advance notice, I agree to pay the cancellation fee which is the same amount as the session fee.		
our signature below indicates that you have read this Agreement and agree to its terms.			
SIGNATU	JRE DATE		