



Please print when completing this form.
All information is confidential.

<p><u>Contact Info:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal: _____</p> <p>Phone (res): _____</p> <p style="padding-left: 40px;">(cell): _____</p> <p style="padding-left: 40px;">(work): _____</p> <p>E-mail: _____</p>	<p>Birth date: _____</p> <p><i>Number of years:</i></p> <p>Single _____ Com Law _____</p> <p>Married _____ Separated _____</p> <p>Divorced _____ Widowed _____</p> <p><u>Children:</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age/Grade</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____/____</td> </tr> <tr> <td>_____</td> <td>_____/____</td> </tr> <tr> <td>_____</td> <td>_____/____</td> </tr> </tbody> </table>	Name	Age/Grade	_____	_____/____	_____	_____/____	_____	_____/____
Name	Age/Grade								
_____	_____/____								
_____	_____/____								
_____	_____/____								

Health

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

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

Prior counselling, psychotherapy, or social/justice agency? _____ If yes, please list:
(With Whom, When & Reason)

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

Emergency Contact: Name _____ Phone _____

Religious Background if any: _____

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. 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. We have a range of fees between \$90 and \$115 per session, plus GST. Several factors determine what your fee will be, and this will be discussed with you on or prior to your intake session. **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 fees.

Signed: _____ Date _____
Client

Witnessed: _____ Date _____
Counsellor

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: _____