



living wellness centre

# counselling intake form

Please take time to fully complete this form. Having this data beforehand is helpful for developing a treatment plan.

## PATIENT INFORMATION

Date

Full Name

I go by

Birthday (mm/dd/yy)

Age

Home Address

City

Postal Code

Primary Telephone

Cellphone

Email

Would you prefer email or text appointment reminders?

Text

Email

Cellphone provider: (ex. Telus, Bell, etc.)

Name of General Practitioner (MD)

Telephone

Name of emergency contact

Relation to you

Telephone

Where did you hear about Living Wellness Centre?

## HEALTH ISSUES

MEDICATIONS Please list any medications/supplements/therapies.

Medications  
(prescription,  
over the counter)

Supplements  
(multivitamins,  
gingko, etc.)

Therapies

Office use only

MSP  Yes  No

CE

W/C

GS



## Counselling Declaration & Consent to Treatment

**Jill Arnold (RCC)**

### **Professional Qualifications:**

I am a Registered Clinical Counsellor and am trained in a number of different counselling and therapy techniques. A Registered Clinical Counsellor (RCC) is regulated by the BC Association of Clinical Counsellors, the provincial body for the Canadian Association of Clinical Counsellors. As criteria for membership, Registered Clinical Counsellors must meet rigorous academic requirements at the Masters level, along with clinical experience and supervision requirements.

I am also a Certified Hypnotherapist, and am able to provide clients with a unique combination of counselling and hypnotherapy techniques to best meet their needs

Additionally, I have completed many areas of specialized training some of which include: Family Systems Therapy (couples and families), Hypnotherapy , Systematic Training for Effective Parenting, Satir Transformational Therapy, Acceptance and Commitment Therapy, Rewind Technique for Trauma, Traumatic Incident Reduction, Life Coaching, Stress Management and Trauma Informed Embodied Work.

### **Benefits and Risks:**

Some benefits of therapy include a better understanding of yourself and others, your values, goals and needs. It can also help you understand and improve patterns of learned behaviour and coping mechanisms. Therapy can help you learn to better manage yourself, your wellness and your relationships. Therapy has some potential emotional risks, while it should be a transformative process, it also can bring up some strong emotions that through the nature of therapy can then be processed and resolved.

### **Confidentiality:**

With a few exceptions, you have the absolute right to confidentiality in your therapy. I cannot share any identifying information about you unless you provide written consent and you can revoke that at any time. I may seek consultation with another licensed mental health professional to ensure the quality of service I provide. Please be aware that email may not be confidential as it is stored by our Internet providers.



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### **Exceptions to Confidentiality:**

If there is a reason to believe that a child or vulnerable person needs protection from abuse of any kind.

If there is a reason to believe that you are going to harm yourself or somebody else that you have identified to me.

If a valid court order or a subpoena was served.

### **Record keeping:**

Personal health information that I have collected is only used for your care and treatment. You have the right to access your file but it is the property of the treating therapist.

### **Late cancellation and missed appointments:**

If you are unable to keep a scheduled appointment, I require 48 hours notice for cancellation. Your appointment is a block of time that is reserved for you. Late cancellation or missed appointments will result in you being billed for the session.

Signature

Date

Full Name

Counsellor Signature