

Alma Jobs Counselling Services

CLIENT INTAKE FORM

Self: <input type="checkbox"/> Male <input type="checkbox"/> Female		Partner: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname			
First Name			
Date of Birth	Mm/dd/yy		Mm/dd/yy
Address			
Postal Code			
Home Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Message OK?		
Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Message OK?		
Alternative #	<input type="checkbox"/> Yes <input type="checkbox"/> No Message OK?		
Employment	<input type="checkbox"/> Fulltime Employed <input type="checkbox"/> PT Employment <input type="checkbox"/> Retired/Disability <input type="checkbox"/> Self-Employed <input type="checkbox"/> Social Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Homemaker <input type="checkbox"/> Student	<input type="checkbox"/> Fulltime Employed <input type="checkbox"/> PT Employment <input type="checkbox"/> Retired/Disability <input type="checkbox"/> Self-Employed <input type="checkbox"/> Social Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Homemaker <input type="checkbox"/> Student	
Occupation/ Profession	Title/Employer		Title/Employer
Ethnicity Identification	<input type="checkbox"/> Canadian <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Canadian <input type="checkbox"/> Other (Specify)
Religious Affiliation	<input type="checkbox"/> Practicing (optional - Church/Faith): _____ <input type="checkbox"/> Non-Practicing		<input type="checkbox"/> Practicing (optional – Church/Faith): _____ <input type="checkbox"/> Non-Practicing

Educational

Level: (Self): None Grades 1-4 Grades 5-8 Grades 8-12 College/University
 (Spouse): None Grades 1-4 Grades 5-8 Grades 8-12 College/University

Children and Other Dependants in Home (elders, pets, etc.) (complete on back if required)

Name	Relationship (son/daughter/step)	Date of Birth mm/dd/yy

Relationship Status (Self):

- Married Cohabiting Separated Divorced Single Widowed

Service for:

- Self Couple Family Other (specify) _____

Referred by:

- Self Peer/Friend Phone Book Doctor Other Client Family
 Internet Yellow Pages Word of Mouth Agency Other (specify) _____

General Health Condition:

Family Physician:		Tel.:	
Medication/Dosage (additional on back of page)			

Previous Professional Mental Health Assistance:

Name of Professional	
Dates (mm/yy)	
Reason for Service	

- History of abuse** physical emotional sexual
Alcohol use never rarely regularly frequently excessive
Non-medicinal drug use never rarely regularly frequently excessive
Suicide none thoughts plan means

Reason for Present Service:

What I would like to change or Issues I want to address:

Alma Jabs Counselling Services

Qualifications: I am a graduate of the Aurora Family Therapy Center at the University of Winnipeg and hold a Masters degree in Marriage and Family Therapy. I am a Clinical fellow of the America Association for Marriage and Family Therapy (AAMFT) and am also a certified member of the Canadian Registry of Marriage and Family Therapists (RMFT). I have provided family therapy for almost 20 years.

Confidentiality: The information you share in therapy will be kept in strict confidence unless it is required by law or professional obligation to do otherwise. By law any evidence of sexual, physical and /or emotional abuse of a child and/or any other vulnerable person must be reported to the appropriate authorities. I am professionally required to report to the appropriate person(s) when I believe that the life of the client or someone known to the client is in mortal danger.

Consultation: Professional practice dictates that the therapist may consult with colleagues about aspects of concerns presented without revealing identifying details to preserve privacy. These colleagues are also obligated to maintain confidentiality.

Fees: The fee for a 60-minute session is \$110.00 for Individuals, \$120.00 for Couples, and \$130.00 for Families. Above fees include HST. Sessions longer than one hour are prorated.

Missed Appointments: Appointments will need to be canceled or rescheduled within a 24-hour period. Without proper notice clients will be charged half of the scheduled session fee. For missed appointments the cost is the same as if the appointment were kept.

Telephone Calls: As a professional courtesy telephone calls are welcome. Messages left on my voice mail are confidential and can only be retrieved by your therapist. However, the right is reserved to charge for telephone calls at the same rate as a therapist session if the call exceeds 10 minutes. For example, a telephone call lasting 25-30 minutes may be charged at half the fee of a full therapy session.

Outcome: I cannot guarantee that therapy will provide the results you may expect at the beginning of therapy. However, I can assure that I will provide a safe place for you to do the work you want to do. You may experience distress more intensely before you begin to feel hopeful again. Usually we will mutually decide when therapy will end but either of us is free to initiate closure at any time.

Court Appearance: Family therapists do not take sides. For this reason, I am not a good advocate in court. I ask you not to make such requests.

Emergencies: I am not able to provide emergency services. Depending on the circumstances, I generally expect that clients will be able to manage with one session a week. If you are experiencing an emergency and cannot wait for your next appointment, please go to your nearest hospital.

Agreement: I/We understand the policies presented above and agree to receive therapy services at the stated fee.

Signature _____ Date _____

Witness _____ Date _____