

Today's Date: _____ (Year/Month/Date)

Therapist Name: _____

CLIENT NAME

Last/First: _____ **Date of Birth** (yyyy/mm/dd) _____ **Age** _____ **M / F**

If client is under 18 years of age, list names of both parents:

Mother Last/First _____ **Father Last/First** _____

Custody arrangement for clients under 15 years of age:

Parenting together in same home: Y N

Separated Parents must initial one: **Joint Custody** _____ **Sole Custody** _____ **Court Ordered:** Y N

Signature of both parents is required on Joint Custody Form before client can be seen.

Address: _____ **City:** _____ **Postal:** _____

Phone Number(s) where it is OK to leave messages: _____

Email (*): _____ (required for appointment reminders & access to online booking)

*We are required to ensure you are aware that your email service provider or employer may keep copies of your emails even after you have deleted them. This means that confidentiality cannot be guaranteed for anything that you email or have emailed to you.

EMERGENCY Contact Name & Number: _____

SESSION FUNDING DETAILS: Most EFAP's do *not* cover the cost of missed sessions or cancellations with less than 24 hours notice.

___ **EFAP/Direct Billing:** **Company:** _____ **Eligible Employee:** _____ **Client's Relationship:** _____

___ **★ Personally**, including submissions to an insurance provider (see signature boxes below)

Additional Coverage: _____

★ Insurance Reimbursement While I understand that *some* therapist fees are reimbursable by *some* insurance programs, I understand and confirm that:

- I am responsible for paying the fee at the time of each session and submitting my claim personally,
- It is my responsibility to ensure that the Therapist(s) I see meets the criteria for my specific insurance policy,
- Neither the Therapist nor PPC is responsible for denied claims.

Client's Signature: _____

★ Third Party Payments (parent, spouse, friend or other private party):

For the purpose of account payment, my signature authorizes the release of *session dates and costs only* (this does not authorize the release of *any session discussion*).

Client's Signature: _____

How did you hear about PPC or your therapist? _____

Have you visited PPC's: Website, Facebook, Twitter, or Instagram? Y N

Did this influence your decision to call? Y N

AGREEMENT FOR PROVISION OF COUNSELLING SERVICES between:

the "Client": _____ and the "Therapist": _____

The Client agrees:

1. to provide 24 hours notice when cancelling an appointment. ***Failure to provide proper notice may result in a missed appointment fee charged to you personally.***
2. to pay any required fees before each session, unless other arrangements are made.
3. To pay any fees declined by an EFAP.
4. If you subpoena your therapist or anyone at PPC, you will cover any and all associated costs. Costs for client rescheduling, report preparation or other such requirements will be **paid by the client** at an hourly rate determined by the therapist.

The Therapist agrees:

1. to provide counselling assistance based upon the Client's goals;
2. to maintain the confidentiality of the Client, unless:
 - a) you may be a danger to yourself or others, or there is a reasonable suspicion of child abuse or neglect. You recognize in such circumstances that I have a legal and ethical responsibility to my professional association to notify the proper authorities;
 - b) it is appropriate to consult with a professional colleague to improve the quality of my service to you; the information shared with this professional colleague will be kept anonymous and is restricted to the information necessary to aide in meeting your desired goals and to assist me in providing adequate service. This colleague will also be held to the rules of confidentiality.
 - c) you initiate a legal action whereupon I may use information from my records to defend myself.

By signing this Letter Agreement, I confirm that I have read, understand and agree to the terms set out above. I also understand that my Therapist is an Independent Contractor, not an employee or an agent of PPC, and is providing services to me directly and personally. I also agree that this contract between the Therapist listed above and myself. I also understand that my file will be destroyed within seven (7) years of my last visit.

Client's Signature _____ Therapist's Signature _____
(or signature of authorized representative)

Date _____ Date _____

Completion of this page is helpful but optional.

The facts on this form will be held in the strictest confidence. If you are filling in this form on behalf of someone else, answers should be from the client's perspective. **Answer only the questions that apply or that you are comfortable answering.**

Briefly describe the primary problem you came to discuss today: _____

Approximately how long have you had this concern: A Week A Month Months Years

What are your counselling goals: _____

How motivated are you to resolve this problem: Not at all A little Somewhat Moderately Extremely

Have (or are) you seeing another counsellor? **Yes / No**. If you are comfortable saying, where: _____

Briefly describe this experience, length of time, and what you found most helpful: _____

Client Occupation: _____ Years of Service: __ Years of education (all types): _____

Is your primary problem affecting your job performance? **Yes / No**

Eligible Employee Information (If applicable for EFAP purposes):

Age: _____ M/F _____ Marital Status: _____ Occupation: _____ Years of Service: _____

Type/Status of Employment: _____

Relationship status: Single...Committed...Common-Law...Married...Separated...Divorced...Widowed

Spouse or Partner's Name: _____

Who is aware you are seeking counselling: _____

Is there family history of addiction? **Yes / No** Who, and are they presently recovering? _____

When are your problems worse: _____ Improved: _____

If an old friend ran into you after your last visit here, what small changes would they see? _____

Medications & Frequency: _____ Doctor's Name & Phone #: _____

SIGN here to authorize contact with your doctor regarding your involvement in counselling: _____

Note below any other information you feel may be helpful to your therapist. Some examples might be strengths or qualities you admire about yourself, spiritual convictions, social, love, school/work, health/physical difficulties, etc.
