

Intake Form

Jennifer Taylor, M.A., RCC

<https://jennifertaylor.ca>

250-510-4168

Client Information
First Name:
Last Name:
Birth Date:
Preferred Pronoun:
Street Address:
City:
Province:
Postal Code:
Email Address:
Cell Phone:
Home Phone:
Emergency Contact:
Emergency Contact Phone:
Relationship to You:
How did you hear about me?
Family Doctor:
Medications:
Occupation:
Anything else you would like me to know?

Communication Permissions and Preferences

Is it okay to send or leave messages regarding scheduling and payment by:

Text?: Yes No

Email?: Yes No

Phone?: Yes No

Are you willing to fill out an anonymous emailed survey regarding counselling satisfaction at a later date? Yes No

Sign up for my newsletter/email list? Yes No

Confidentiality and Limits to Confidentiality

Confidentiality is a key to the effectiveness of the counselling process, so the personal information you share in counselling will be kept confidential. Confidentiality continues after the end of the counselling relationship. There are, however, some exceptions to the counsellor's duty of confidentiality, in particular:

- if a child is or may be at risk of abuse or neglect, or in need of protection;
- if a counsellor believes that you or another person is at clear risk of imminent harm;
- for the purpose of complying with a legal order such as a subpoena, or if the disclosure is otherwise required or authorized by law.

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed appointment leaves a space in the counsellor's day that could have been filled by another client. As such, I require 24 hours notice for any cancellations or reschedules. Clients who provide less than 24 hours notice will still be required to pay the full fee. This includes clients whose fees are paid by 3rd parties who do not cover missed appointments.

I am aware of the cancellation policy: _____ (Initial)

Fees

You will be charged \$140.00 plus GST for individual counselling or \$165.00 plus GST for couples counselling for a 50 minute clinical counselling session and related services. Payment by e-transfer is due immediately following the session.

Signature:

Date Signed: