

# Linda Saucy Counselling

## Intake Form

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Which number do you prefer for confidential voice mails? \_\_\_\_\_

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**Relational Status:** Single Married/Common Law Separated Divorced Widowed

When married/separated? \_\_\_\_\_ Number of marriages? \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's names and ages:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Presently living with: Parents Spouse/Partner Roommate(s) Alone

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**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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### Health Information:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Overall Health: Excellent Good Fair Poor

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How did you hear about Linda Saucy Counselling? \_\_\_\_\_

**Previous Counselling:**

Name of psychiatrist, psychologist, counsellor, minister: \_\_\_\_\_

Reason(s) for counselling: \_\_\_\_\_

Approximate number of sessions and reasons for terminating sessions: \_\_\_\_\_

**Reasons for Seeking Help:**

What is the main reason you are seeking counselling?

Please indicate which of the following areas are currently concerns for you.

*Check all that apply:*

- |                                                                     |                                                                      |
|---------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Excessive anxiety or worry                 | <input type="checkbox"/> Feeling manipulated or controlled by others |
| <input type="checkbox"/> Under too much pressure/stressed           | <input type="checkbox"/> Past or present abuse                       |
| <input type="checkbox"/> Feeling lonely                             | <input type="checkbox"/> Sexual concerns                             |
| <input type="checkbox"/> Feeling sad                                | <input type="checkbox"/> Concerns about sexuality                    |
| <input type="checkbox"/> Grieving                                   | <input type="checkbox"/> Concerns about spirituality                 |
| <input type="checkbox"/> Feeling "numb" or cut off from emotions    | <input type="checkbox"/> Traumatic flashbacks/trauma                 |
| <input type="checkbox"/> Angry outbursts                            | <input type="checkbox"/> Lack of self confidence                     |
| <input type="checkbox"/> Excessive fear                             | <input type="checkbox"/> Issues with food and/or weight              |
| <input type="checkbox"/> Obsessions or compulsions                  | <input type="checkbox"/> Abuse of alcohol/drugs                      |
| <input type="checkbox"/> Relational difficulties                    | <input type="checkbox"/> Abuse of pornography                        |
| <input type="checkbox"/> Feeling as though you'd be better off dead | <input type="checkbox"/> Other _____                                 |

Please rate the severity of your present concerns on the following scale:

- Mild       Moderate       Severe       Totally Incapacitating

*Thank you for choosing Linda Saucy Counselling.*

*I look forward to working together with you.*

# Linda Saucy Counselling

## Informed Consent

**Welcome to Linda Saucy Counselling.** This document contains some important information about professional counselling services, my qualifications, confidentiality and session fees. Because the process of counselling requires a significant degree of trust, I will make every effort to provide you with thoughtful, confidential, and competent counselling best suited to your concerns.

### **Goals of Counselling**

There can be many goals for the counselling relationship. Some of these will be long term goals such as improving your quality of life, strengthening relationships, or increasing your sense of worth. Other goals will be more immediate such as decreasing the symptoms of anxiety or depression, or thinking through the nature of a particular relationship. Whatever your goals, you are the one to decide what you want to work on during the counselling process.

### **Qualifications**

Master of Arts in Marriage and Family Therapy

Registered Clinical Counsellor with British Columbia Association of Clinical Counsellors

### **Risks and Benefits of Counselling**

Counselling is an intensely personal process, which can evoke unpleasant memories or strong emotions. Counselling requires an active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

However, there are many benefits to counselling. Counselling can help you gain personal insights, develop coping strategies, make behavioral changes, reduce symptoms of mental health disorders, and improve your quality of life.

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## Informed Consent

### Confidentiality

The content of the sessions and your personal information remain private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. In alignment with best therapeutic practices, there may be a time that I need to consult with another professional counsellor in order to give you the best service. If that is the case, your identity will remain confidential. **Additional legal limits to confidentiality are:**

1. When there is a chance that a child, developmentally disabled person or dependent adult is being abused.
2. If you are in danger of harming yourself or someone else.
3. If the court subpoenas the disclosure of information about you.

### Professional Fees

\$120 for each **50 minute** session.

If you do not have insurance coverage and are unable to afford this rate, please talk to me about it. Reduced fees are available on a limited basis.

### Consent to Counselling

- I have read the Informed Consent and understand the counselling process.
- I have the right to withdraw from the counselling process at any time either at my own initiative or in consultation with my counsellor.
- I agree to attend counselling sessions on time as scheduled.
- In the event I am unable to attend a counselling session, I agree to provide at least 24 hours advance notice. In the event that I do not provide 24 hours notice, I agree to pay the cancellation fee which is the same amount as the session fee.

Your signature below indicates that you have read the agreement and agree to its terms.

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Client Signature

Date

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Counsellor Signature

Date