



BURDEN BEARERS COUNSELLING CENTRE

Cell: 780-621-9351 Website: www.burdenbearersdv.com Email: neil@burdenbearersdv.com

INTAKE FORM

GENERAL INFORMATION:

- Counselling is professional and highly confidential. Counselling generally happens in a series of one-hour sessions, usually ranging in duration from one to eight weeks. This form enables initial assessment & consultation. In the first session, you will discuss your presenting issues with the counsellor, and together you will determine your best counselling route.
- Client files are the property of the counselling office & will be held in the fullest of confidence allowed by law. Situations of child abuse or threat of violence or harm to oneself or others must be disclosed to the appropriate authorities. In some situations it is also possible for client files to be subpoenaed by the Court.
- It is understood that the counsellor may consult with peer counsellors or supervisors. Any release of information beyond these conditions will require a separate consent form signed by the client.
- Please advise the office 24 hours in advance if you are unable to keep an appointment. No-show fees may be charged.
- Please PRINT, answering all questions as completely as you can, & bring the form to your first appointment.

PERSONAL INFORMATION:

Name _____ Today's date _____
Address _____
Birthdate _____
Contact Information: Phone(s) _____
Occupation: _____
Employer _____

FAMILY INFORMATION: None _____ OR :

Partner's Name: _____
Marital Status: _____ How long? _____
Children (names, ages): _____

AFFILIATIONS: None _____ OR:

Name of church _____ (continued)
I attend regularly _____ I attend occasionally _____ I rarely attend _____
Other groups or organizations: _____

REFERRAL INFORMATION: How did you hear about this office?

Church/pastor _____ Internet _____ Brochure _____ Newspaper _____ Burden Bearers Event _____
Friend _____ Other Agency _____ (Please Specify) _____

PREVIOUS COUNSELLING: None _____ **OR:**

Counselor/ Agency _____
Location _____ Duration _____
Issue _____

RELEVANT MEDICAL INFORMATION: None _____ **OR:**

Doctor: _____
Location: _____
Medical Condition: _____
Are you currently taking medication for this condition? _____ Yes _____ No

PRESENT COUNSELLING DETAILS:

Briefly describe the issue(s) you want to discuss with the counsellor.

When are the best possible times for you to attend counselling sessions?

Preferred day of the week _____ Morning or afternoon _____
Preferred location: Drayton: _____ Breton: _____

FINANCIAL DETAILS:

This counselling centre relies on client fees & donations in order to provide a professional and affordable service. No one in need will be turned away because of lack of finances.

Please indicate your intentions: Able to pay client fees (\$80 per hour) _____ Yes _____ No
Intend to claim through an employee benefits plan _____ Yes _____ No
Specify company or plan _____

I have read the general information and acknowledge its conditions

SIGNATURE: _____ **DATE:** _____