

# Client Intake Form

**David Chong Clinical Counselling & Social Work**

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<http://www.davidchongcounselling.ca>



Please Submit the Completed Form(s) to [counselling@ovalpharmacy.ca](mailto:counselling@ovalpharmacy.ca)

CLIENT INFORMATION			
Name	(Last) (First)	Address	
Preferred Name		City/State	
Date of Birth	YYYY / MM / DD	Zip Code	
Gender		Email Address	
Telephone	(Cell) (Home)	Referred by	
Emergency Contact	(Name)	Extended Health Plan	
	(Relationship)	ICBC Claim# (If applicable)	
	(Phone)	Date of Accident (If applicable)	YYYY / MM / DD

PREFERRED FORM OF COUNSELLING SERVICE		
<input type="checkbox"/> In-Person	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person & Virtual

MARITAL / FAMILY BACKGROUND			
Marital Status	Married/ Divorced/ Common-law/ Single/ Separated/ Widowed/ Unknown		
Partner's Name	(Last)	Partner's Date of Birth	YYYY / MM / DD
	(First)	Length of Relationship	
Children	Name	Age	Date of Birth
Current lives with			

## HEALTH AND MEDICAL INFORMATION

Primary Care Physician

Known Medical Condition(s)

List of medication(s)

## PRESENTING PROBLEM(S) Please check all that apply

<b>Self</b>	Adjustment Issues <input type="checkbox"/>	Attachment Issues <input type="checkbox"/>	Grief & Loss <input type="checkbox"/>
	Self-Esteem <input type="checkbox"/>	Sexuality/Homosexuality Concerns <input type="checkbox"/>	Transition Issues <input type="checkbox"/>
<b>Physical Health</b>	Chronic Pain <input type="checkbox"/>	Illness <input type="checkbox"/>	Palliative Care <input type="checkbox"/>
<b>Mental Health/ Emotions</b>	Attention Deficit/ Hyperactivity Disorder (ADHD) <input type="checkbox"/>	Anger Management <input type="checkbox"/>	Anxiety <input type="checkbox"/>
	Autism Spectrum Disorder (ASD) <input type="checkbox"/>	Depression <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>
	Insomnia <input type="checkbox"/>	Suicidal/Homicidal <input type="checkbox"/>	Trauma <input type="checkbox"/>
<b>Relationship</b>	Abuse/Violence <input type="checkbox"/>	Child Welfare Related <input type="checkbox"/>	Divorce/Separation <input type="checkbox"/>
	Family Concerns <input type="checkbox"/>	Marital Relationship <input type="checkbox"/>	Peer Issues <input type="checkbox"/>
<b>Study/Work</b>	Financial Stressors <input type="checkbox"/>	School/Work-Related Stress <input type="checkbox"/>	Study/Career Planning <input type="checkbox"/>

Please further describe why you are seeking counselling:

What are you hoping to accomplish through counselling/psychotherapy?

## Collection and Storage of Personal Information

Collection and storage of client information is proceeded in accordance with the Personal Information Protection Act (PIPA) and in accordance with the guidelines of the Canadian Counselling and Psychotherapy Association. All information will be accordingly stored in Owl Practice, an information management system designed specifically for counselling industry.

## Confidentiality

Personal information gathered in the course of counselling will not be disclosed to a third party except in the following situations:

- When a client threatens bodily harm to self or others.
- When there is evidence of child abuse.
- When issued a subpoena by a court, where therapists are legally obligated to disclose information obtained during the course of counseling.

To enhance the quality of care provided, your therapist may, with your consent, share information about your sessions with other healthcare professionals or family members. Please indicate your consent by checking the box below and entering relevant information in the table:

- I hereby give consent to the therapist to discuss my case with the following individuals (Please provide details below):

Name	Relationship	Contact

## Professional and Educational Uses

The therapist may consult your case with other professional(s) or use your case for teaching purposes. Your identifying characteristics including name, age, sex and any other personal details contained in your story will be masked in such situations. If you DISAGREE, please initial here: \_\_\_\_\_.

## Withdrawal

Please note that you have the right to withdraw this consent at any time. You also have the right to refuse any particular counselling interventions.

*Please sign below to indicate that you have read, understand and agree with the above policies.*

**I have read, understand and agree with the above policies.** \*For client aged under 19, the form should be signed by a parent/legal guardian.

Signature	Print Name	Date
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### Fees

Fees are listed in the relevant brochure and our website ([www.davidchongcounselling.ca](http://www.davidchongcounselling.ca)). Only cash is accepted unless a prior credit card payment arrangement has been agreed and a credit card authorization form submitted. The service is GST exempt. The cost of counselling sessions may be covered through your extended health plan. Please contact your plan administrator for more information.

### Cancellation Policy

Please contact the therapist as soon as possible if you need to cancel an appointment.

Notice to Cancellation	Penalty
Less than 48 business hours' notice	Half of session fee
Less than 24 business hours' notice	Full session fee
Missed appointment	Full session fee

*Please sign below to indicate that you have read, understand and agree with the above fees and cancellation policies.*

**I have read, understand and agree with the above fees and cancellation policies.**

*\*For client aged under 19, the form should be signed by a parent/legal guardian.*

Signature	Print Name	Date
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### Enquiry

If you have any enquiry about the counselling sessions, please feel free to contact the therapist. If you would like to talk to someone else, you may contact the following associations:

- ❖ American Association for Marriage and Family Therapy
- ❖ British Columbia Association of Clinical Counsellors
- ❖ British Columbia Association of Social Workers
- ❖ British Columbia College of Social Workers
- ❖ Canadian Association for Marriage and Family Therapy
- ❖ Canadian Fertility and Andrology Society
- ❖ Canadian Society of Clinical Hypnosis
- ❖ Ontario College of Social Workers and Social Service Workers