

Yvonne Haist WISDOM WITHIN COUNSELLING | REGISTERED SOCIAL WORKER

REGISTERED CLINICAL COUNSELLOR | SOMATIC EXPERIENCING PRACTITIONER

THE INFORMATION ON THIS SHEET IS THE ONLY INFORMATION THAT WILL BE KEPT ON FILE EXCEPT AS OTHERWISE AGREED BETWEEN CLIENT AND COUNSELLOR

NAME _____ PRONOUN _____ DATE OF BIRTH _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE WORK _____ CELL OR HOME _____ OK TO LEAVE MESSAGE _____

EMAIL _____

REFERRED BY _____

FAMILY DOCTOR _____ PHONE _____

MEDICATION _____

EMERGENCY CONTACT _____ PHONE _____ FEE _____

RELEASE OF INFORMATION AGREEMENT

- Information obtained within the counselling sessions will not be released without the written consent of all parties or a court order

LIMITS OF CONFIDENTIALITY

- If a client threatens bodily harm to self or others
- If there is indication of child abuse
- Counsellors under subpoena are bound by law to disclose information obtained during the course of counselling

CANCELLATION POLICY

- 24 hour notice of cancellation is requested or the full session fee will be charged
- Includes clients whose fees are paid by 3rd parties who do not cover missed appointments

CLIENT SIGNATURE _____ DATE _____

COUNSELLOR SIGNATURE _____ RCC REG NO. # 1144

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