Evolve 8th Avenue
WatermarkTower
Suite 110, 530 - 8th Avenue SW
Calgary, AB T2P 3S8
E: 8thAve@evolvechiro.ca
T: 403.474.7792
F: 587.356.1188

Psychotherapy Client Intake

* denotes R Macdonald Professional Corporation

First Name Last Name _____ _____ Emergency Contact Name and Number _____

Address _____ City _____ Postal Code _____

Cell Phone _____ Work Phone _____ _ Email (for appointment reminders) _____

Birthdate (dd/mm/yr) _____ Gender _____ Marital Status _____ Occupation _____

_ Family Doctor _____ Alberta Health Care Number _____

For your convenience, we can keep a credit card on file:

Number: ____ - ____ - ____ - ____ Expiry: ____ / ____ CCV: _____

EXTENDED HEALTHCARE COVERAGE

Insurance Company Name _____ Group ID/Policy Number _____ Member Number _____

Relationship to Cardholder (self, spouse, child) _____ Name of Cardholder _____

HEALTH INFORMATION

Mental Health Priorities/ Chief Concerns:

List your main Mental health concerns in order of importance:

1. _____
2. _____
3. _____

Describe your overall Mental health: ☐Poor ☐Fair ☐Good ☐Excellent

MEDICAL HISTORY

Have you previously received any type of mental health services

(psychotherapy,psychiatric services,Psychological Services,Counseling,act.)?.

☐ Yes ☐ No Previous Therapist/Practitioner _____

Are you currently taking any prescription medication? ☐ No ☐ Yes If yes, please list:

_____

Have you ever been prescribed psychiatric medication? ☐ No ☐ Yes If yes, please list and provide dates:

_____

What was the reason for seeking mental health service ?

_____

General and Mental Health Information

1. How would you rate your current physical health?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

Please list any specific health problems you are currently experiencing: _____

_____

2. How would you rate your current sleeping habits?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

Please list any specific sleep problems you are currently experiencing: _____

_____

3. How many times per week do you generally exercise? _____

4. What types of exercise do you participate in? _____

5. Please list any difficulties you experience with your appetite : _____

6. Are you currently experiencing overwhelming sadness, grief or depression? ☐ No ☐ Yes
If yes, for approximately how long? _____

7. Are you currently experiencing anxiety, panics attacks or have any phobias? ☐ No ☐ Yes
If yes, when did you begin experiencing this? _____

8. Do you drink alcohol more than once a week? ☐ No ☐ Yes

9. How often do you engage in recreational drug use? _____

☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

10. Are you currently in a romantic relationship? No ☐ Ye ☐
If yes, for how long? _____

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship? _____

11. What significant life changes or stressful events have you experienced recently? _____

_____

FAMILY HISTORY

Please indicate whether **you or your immediate family members** have or had the following conditions:

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g.. father, grandmother, uncle, etc.)

Please List Family Member and Specify the condition

Attention-Deficit/Hyperactivity Disorder. _____

Anxiety Disorder _____

Mood Disorder _____

Depressive Disorder _____

Obsessive-Compulsive and Related Disorder _____

Trauma- and Stress-Related Disorder _____

Bipolar and Related Disorders _____

Somatic Symptom and Related Disorders _____

Eating Disorders _____

Impulse-Control _____

Conduct Disorders _____

Substance-Related and Addictive Disorders _____

Personality Disorders _____

Other _____

evolve
CHIROPRACTIC & WELLNESS CENTRE

Anne Klein, B. Comm, M.A, CCC Comm, M.A,
Psychotherapist

Suite 110, 530 – 8th Avenue SW
Calgary, AB, T2P 3S8
T:403.474.7792 F:587.354.1188

Declaration and Consent to Counseling and Psychotherapy

Consent for Counselling and Psychotherapy

Congratulations for taking the courageous step of seeking help to create your satisfying life. You will gain insight into yourself and others and your beliefs about the future. With awareness, you have the power to create more choices that lead to changes in behavior and changes in feelings - usually toward increased joy and satisfaction. And, sometimes there is an initial decrease in good feelings as you gain awareness of difficulties stemming from your early experience that maybe have been previously unconscious. These are usually temporary and normal responses to becoming aware and self-reflective; they will pass.

You are agreeing to enter a counselling relationship with Anne Klein, Certified Canadian Counsellor. Anne will use her skills and interventions in support of your decisions to make changes in your life. Anne primarily uses a modality called Advanced Integrative Therapy - a gentle technique to clear away developmental and single incident trauma that is often the cause of emotional suffering.

There is no certainty concerning the required duration of counselling to achieve your change goals. In addition, there is no certainty in outcome with counselling as outcome rests in the client's hands – with the therapist as support and guide. Counselling may deal with sensitive or difficult topics, may elicit uncomfortable emotions and may lead to individual decisions that may be temporarily disruptive or surprising to yourself and/or your family. Counselling may change your life – for the better!

Supervision and Written Cases

Anne holds the value that seeking therapy has a benefit for everyone. Correspondingly, Anne attends therapy as a client to ensure best practice and congruence in her practice. In addition, Anne attends Supervision. During the course of your counselling, Anne may seek support from her supervisor and supervision group regarding your case. Supervision is done in the best interest of the client to bring best practices and effective interventions to support you getting what you want.

During Supervision, your private information and identifying information is changed to protect your privacy. Anne will not use your real name and will obscure your identity further by changing various details about you to protect your privacy. Occasionally, and only with express permission, Anne may request that a session is video-recorded to gain additional insight into her own skills as a therapist. In addition, Anne may request permission to use your therapeutic journey in a written case study. Your details would be obscured, and additional written permission would be sought.

_____

Client Signature (Or Legal Guardian)

Declaration and Consent to Counseling and Psychotherapy

Confidentiality

No information shared or disclosed during a session will be shared with any external party [other than indicated below], including other practitioners at Evolve without your expressed written permission. Your information, confidences, treatment plan and outcomes are held in strictest confidence.

The exception to this is a requirement of law in the below-listed circumstances:

- When there is a reasonable suspicion of child abuse or neglect to a dependent
- When the client communicates a threat of bodily injury or harm to self or others
- When disclosure is required pursuant to a legal proceeding
- When the client is in a probation or a parole period or other legal situation that would require disclosure

Insurance

Anne is a Certified Canadian Counsellor with the Canadian Counselling and Psychotherapy Association (CCPA), registration #14099. Some benefit plans, when “Counselling” is a benefit, will provide reimbursement for Anne’s services. However, many plans only reimburse “Psychology” services and may not provide reimbursement. Please speak with Anne directly to learn your options if you are not covered.

Files

Evolve keeps electronic files and notes on session progress and treatment planning. You have the right to review your file at any point. Anne will review the procedure upon request.

Withdrawal of Consent

You may revoke any or all contents included in this agreement at any time by providing the request in writing to Evolve Chiropractic & Wellness.

Consent to release Information

I give Evolve Chiropractic & Wellness Center my consent to release/obtain information from the following individuals with respect to my care by report, letter, phone, fax, email or direct communication:

☐ Physician(s) ☐ Employer ☐ Insurer ☐ Other

_____
INITIALS

Anne Klein B. Comm, M.A, CCC
Psychotherapist
Professional member of CCPA
(#14099)

Suite 110, 530 – 8th Avenue SW
Calgary, AB, T2P 3S8
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Credit Card Holder Authorization

I, the previously-named authorized credit card user, give Evolve Chiropractic and Wellness Center express authorization to charge my credit card for the purposes of 1) Payment for services rendered by any practitioner at Evolve Chiropractic and Wellness Center. 2)Payment for goods purchased from any practitioner at Evolve Chiropractic and Wellness Center. 3) Payment for any outstanding balance I may incur. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all agreed upon (as stated above) charges as well as any and all collection and legal fees. This credit card is authorized for only the charges noted above.

_____
INITIALS

IF I AM UNABLE TO ATTEND A SCHEDULED APPOINTMENT I WILL PROVIDE 24 HOURS NOTICE TO AVOID BEING CHARGED A MISSED APPOINTMENT FEE OF 100%. I AGREE TO PAY MY FULL ACCOUNT AT THE TIME OF EACH VISIT OR TREATMENT, INCLUDING FEES FOR SERVICE AND ANY GOODS PURCHASED.

By signing this agreement, you are indicating that you understand all of this and are agreeing to enter in the counselling process. You are also indicating your understanding that the decision to enter a counselling relationship and to terminate that relationship is entirely the client's responsibility. A review of the counselling process or the terms of this agreement is welcomed at any time.

Dated this _____ day of _____, 20____

_____
Name (Please Print)

_____ _____
Client Signature (Or Legal Guardian) Psychotherapist Signature