

Welcome... to Counselling Services at Balance Natural Health Clinic. It is an honour to be part of your wellness journey and commend you for taking steps to take care of your emotional health and well-being.

What you can expect

Working with you is meant to be a collaborative process, that means that you and I work together to figure out what needs to happen to move forward with your wellness. We will meet, complete an intake process and explore your identified areas for growth and change. We will talk, problem solve, and of course – homework! Growth requires work, writing, trying things out, making changes and practice.

Getting to know you

In the first session, time is spent getting to know you and talk about your reasons for coming in to speak with a counsellor. As we get to know each other and get prepared to work together I encourage you to ask questions about the process. You will be asked to complete the intake form, and sign the fee and confidentiality sheets attached.

Assessment and Goal Setting

After our first session, together we will identify goals for the time that we are working together. Through honest discussion, listening and feedback, I will complete a brief assessment and together we will set the goals and the length of time for service. It is my goal to help you find insight and solutions.

Your Part in the Process

As with any process of change, it requires effort, part of the work that we do together will also require you to go out and try out new strategies in your own life and experiences. There may be other suggestions of things for you to try at home such as new strategies for conversations, interactions, challenging negative thinking, journaling, relaxation techniques, and exercise. Eating well, drinking water, and taking good care of your physical and emotional health is an important part of the overall change and recovery process.

Who I am

My name is Niki Knight, and I am a Masters Level Social Worker, registered with the College of Social Work in BC. (MSW, RSW) I have been in the helping profession for over 20 years and know that it is my life's goal and passion to support others on their journey towards wellness. My background is in working with individuals of all ages, with many life issues that span from prenatal to end of life. I have a strong background in the medical care field. As a professionally trained Social Worker, the ethics and practice standards of the Social Work profession are incorporated into my interactions with you as my client. I look forward to working with you and my hope is that together we will create meaningful change for you that lasts.

Vernon and Area 24/7 Crisis Line 1-888-353-2273

Fees:

The fee for service will be \$100.00/session. Each session is 60 minutes in length. We will set the number of in person sessions based on your goals and progress.

Payment for service is due on the day of your appointment or the appointment for your child.

Accepted payment types are cash, debit card, credit card, and cheque. If you cannot be here to pay in person for your child's appointment, you may phone in a credit card number. We will not keep your number on file.

You will be issued a receipt that you may use for a claim with your extended health coverage. You will need to check with your provider what types of counselling services are covered.

Private counselling services are NOT covered by BC Medical (MSP Care Card).

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Intake Form – Counselling Clients

Name: _____ Date of Birth: _____

Name of Guardian: (if under 19) _____

Home Address: _____

Home Phone Number: _____ May we leave a message? Yes No

Work Phone Number: _____ May we leave a message? Yes No

Mobile Phone Number: _____ May we leave a message? Yes No

Guardian's Home Phone: _____ May we leave a message? Yes No

Guardian's Work Phone: _____ May we leave a message? Yes No

Guardian's Mobile Phone: _____ May we leave a message? Yes No

Your Email: _____ (may be used for reminders of apt times)

Guardian's Email: _____ (may be used for reminders of apt times)

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell: _____ Work: _____

Address: _____

How did you hear about counselling? Naturopath Doctor Physical Therapist Friend Family Website
 Facebook Other _____

Referred by: _____

Are you involved in any processes/claims with ICBC WCB Criminal Injuries Compensation?

Other _____

Family Physician _____ Phone: _____

Extended Health: Yes No Provider: _____

Are you currently taking any prescription medication Yes No

Medication: _____ Dose: _____

Medical Condition: _____

Supplements/Vitamins Yes No or Remedies Yes No? Describe: _____

Occupation: _____ Student _____ grade _____

School/College/University _____

Are you currently receiving or have you received any of the following types of therapy? Massage Physiotherapy Naturopath Chiropractor Other counselling services Psychology Psychiatry Physician

Other _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? No Yes, previous therapist/practitioner: _____

Have you ever been prescribed psychiatric medication? Yes No

Please list and provide dates: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

How many times per week do you generally exercise? _____

What types of exercise do you participate in _____

Please list any difficulties you experience with your appetite or eating patterns

Are you currently experiencing overwhelming sadness, grief or depression? No Yes

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias? No Yes

If yes, when did you begin experiencing this? _____

Are you currently experiencing any chronic pain? No Yes

If yes, please describe _____

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

How often do you engage recreational drug use? Daily Weekly Monthly Infrequently Never

Are you currently in a romantic relationship? No Yes

If yes, for how long? _____ On a scale of 1-10, how would you rate your relationship? _____

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

FAMILY MENTAL HEALTH HISTORY:

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 (father, grandmother, uncle, etc.).

Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no _____
Anxiety	yes/no _____
Depression	yes/no _____
Domestic Violence	yes/no _____
Eating Disorders	yes/no _____
Obesity	yes/no _____
Obsessive Compulsive Behavior	yes/no _____
Schizophrenia	yes/no _____
Suicide Attempts	yes/no _____

ADDITIONAL INFORMATION:

1. Are you currently employed? No Yes

If yes, what is your current employment situation? (retired, medical leave, Employment Insurance)

Do you enjoy your work? Is there anything stressful about your current work?

Hobbies/Interests: _____

Please tell me briefly why you are here today, some of your hopes and goals for your personal wellness: (You may include, how long you have been experiencing your challenges, what are your current stressors)

In order to help you and I work together as best as possible, is there anything else that you would like to add or share that has not been asked on this form that you feel could be relevant for me to know? (i.e. past events or situations that are of significance to you that you are comfortable putting in writing?)



Cancellation/ No Show Policy

Missed Appointments

When you book an appointment with us, that time is set aside for you - and ONLY you. Please understand that missed appointments prevent us from working with other clients.

Our Cancellation Policy

You may sometimes need to cancel your appointment with us, so we have tried to make our cancellation policy as simple as possible.

If you provide us with:

- ❖ **At least 24 hours notice** – there is no charge for cancelling your appointment
- ❖ **Less than 24 hours notice** – there will be a \$50 charge for the missed appointment (\$45 for counselling appointments)
- ❖ **Less than 3 hours notice OR you simply don't show up** – we consider this a "no-show" and you are expected to pay 100% of the fee for the missed appointment (\$45 for counselling appointments)

If you do not reach us, please leave a message on our voice-mail system. Note that with Monday appointments we will need to hear from you the Friday before as the receptionists do not check voicemail on the weekend and it won't be heard until Monday at 9 am.

Note: We recognize that there are circumstances that are out of your control (sudden illness, family emergencies, etc.) and so your healthcare provider may make an exception to the above policies on those rare occasions. You will need to speak to your service provider directly for an exception.

I understand the above policy and agree to pay for missed appointments and for cancellations with less than 24 hours notice.

Signature: _____ Date: _____

Signature of parent or guardian if client is under 19 years of age

Confidentiality:

The information that we discuss and that is documented in the chart is confidential; it would be shared only with your written consent. (A form with your signature would need to be completed).

Limits of Confidentiality:

It is important that you are aware that I would be required by law to release information/report when:

- a client poses a risk of harm to themselves or others
- in cases of abuse or neglect to children (*Child and Family Community Services Act*)
- in cases of abuse or neglect to vulnerable adults or the elderly (*Adult Guardianship Act*)
- if I receive a court order or subpoena, I may be required to release some information

In such a case, I will consult with other professionals and the College of Social Work and its practice standards. I would release to only what is necessary by law. (*Freedom of Information and Protection of Privacy Act, BC College of Social Work Practice Standards*)

Clinical Supervision Consultations - In review of my practice, interventions and effectiveness, I seek clinical consultation with an approved clinical supervisor who is also bound by confidentiality laws. In the event of a clinical consultation, no names or identifying information of any clients is shared.

By signing below, I agree that I understand confidentiality and the limits of confidentiality as outlined above.

Signed,

Client

Date

Guardian (as required)

Date

FOLLOW UP:

If I have not heard from you in 4-6 weeks would you like a follow up contact? Yes No

If yes, would you like to be contacted by phone or email? _____

Email address _____ Phone _____

If phone – may I leave a brief message? Yes No

Signed _____ Date _____