

CONFIDENTIAL CLIENT INFORMATION

Welcome to Elizabeth Shein Counselling & Consulting. I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your full name: _____

Address: _____

Phone #: _____ (cell) _____ (other)

Email Address: _____

Personal Pronoun: She/Her _____ He/Him _____ They/Them _____

Age: _____ Birthdate: _____ Place of Birth: _____

Education (grade completed/any post secondary): _____

Current Occupation: _____

Person to alert in the event of a medical emergency: _____

Relationship to you: _____

Emergency Contact Phone: _____

Family Doctor: _____

Doctor Phone: _____

Relationship Status (circle): Single Married Partnered Separated Divorced Widowed

Spouse/partner's 1st name: _____ Age: _____

Yrs in relationship: _____

Children (name, age, where living):



Elizabeth Shein

COUNSELLING & CONSULTING

Name: _____

Please describe any significant current or past health concerns (major illnesses, surgeries, hospitalizations): _____

Have you had previous mental health care or counselling? Yes No

If yes, to the best of your ability, please provide the dates and describe the nature of the difficulty at the time:

Have you ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time:

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.



Client Information and Consent to Treatment

Introduction: The initial session is designed to understand your reason for coming in, to obtain some contextual/background information, and to determine if therapy may be suitable for your concern(s). By the end of the first session, there should be some indication of the focus of treatments as well as proposed treatment length and frequency. One of the best predictors of treatment outcome is the client-therapist relationship. As such, you are encouraged to ask questions and be open about any concerns you may have regarding therapy at any time. Psychological therapies have been found to be effective for a wide variety of mental health and personal concerns. However, there are no guarantees provided for treatment efficacy. If you or I believe that a different treatment would be more effective, please explore that treatment and appropriate referrals can be made if needed.

Appointments: Please attempt to be on time for all scheduled appointments. If it is necessary for you to cancel an appointment, please do so at least 24 hours in advance. You are free to discontinue therapy at any time for any reason. It is encouraged that you let me know in advance so that we can discuss termination of therapy.

Confidentiality: My goal is to meet the highest standard of client care. All information contained within your sessions is strictly confidential. Your information will be kept in a secure locked filing location and will not be released to anyone without your explicit consent, except where required by law. Social Workers and all other health care providers in Nova Scotia are required by law to break confidentiality (with or without consent) in the following circumstances:

1. In cases of suspected child abuse or neglect, a report must be made to the Department of Child and Family Services.
2. If there is any suggestion that you are at risk of harming yourself or someone else, this must be reported to police or others (family, caregivers, emergency services) who can ensure your or others' safety.
3. If you are involved in a court of law and psychological records and/or testimony are subpoenaed.

Consent: By signing this form, you are indicating that you have read and understood all of the above information. You are also indicating that you have had the opportunity to ask questions or discuss any points that were unclear, and you are in agreement with these terms.

Client Signature	Client Name Printed	Date
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Therapist Signature	Therapist Name Printed	Date
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Therapy Services Fee Agreement

Elizabeth Shein Counselling & Consulting is a private fee-for-service therapy practice.

Unfortunately, services are not covered by provincial health care. Many extended (personal insurance) health care plans offer coverage for private social work services. It is the responsibility of each client to understand the nature and extent of their service plan. I accept payment by cheque, cash or e-transfer. Receipts will be provided at each visit and clients with insurance plans can then submit their own receipts to their insurance company for reimbursement, unless otherwise arranged.

Fee Structure:

Clinical Social Work Initial Assessment 75 minutes \$150.00

Follow-up Visits 60 minutes \$135.00

24 hour Cancellation Policy: If for any reason you are unable to keep a scheduled appointment, *please give 24 hours notice*. I can then offer your appointment time to someone who may be waiting. Reminders for appointments are sent out with 48 hours advance notice to allow clients time to cancel if needed. Appointments for Monday need to be cancelled on the Friday before (*previous business day*). Circumstances like poor weather, driving conditions and illness happen and under these circumstances, 24 hours notice is not required.

Please note: Extended health care plans (*personal insurance*) do not cover missed or late cancel appointments. All appointments missed or cancelled with insufficient notice are charged half the hourly fee and it is the client's responsibility to pay this fee out of pocket. Please indicate your understanding of the fees and policies above. If you have any questions or concerns, please speak with me before you sign this form.

I have read, understood and agree to all terms of this form.

Client Signature

Date

