



KRAUSE

COUNSELLING SERVICES

Client Intake Form

This provides a basis for developing an agreement between you and the counsellor. Please read this over and feel free to ask any questions you might have about this information before signing the agreement.

Fees for office visits

\$165 including GST per 50-minute session are the standard fees. Payment is expected at the time of service, unless other arrangements have been made. Cash or personal checks are the usual form of payment accepted. If you have extended health benefits, your fees may be fully or partially covered, and you may be able to request permission from your insurance provider for direct billing.

Missed appointments

In the event that you are unable to attend a counselling session, I ask you provide at least 24 hours notice. If 24 hours notice is not provided you will be charged for the session.

Confidentiality

All information obtained by the counsellor about you is held strictly confidential. However, there are occasions when information may have to be disclosed, such as,

1. when I strongly believe that you may be a danger to yourself or to others;
2. where there is a suspicion of child abuse or abuse of an elderly person in your care; or
3. where a court orders me to turn over records or to appear in court.

As a therapist, I have a legal responsibility to comply with provincial laws and notify the proper authorities under these circumstances. However, I will make every effort to make sure your right to privacy is protected and to inform you when possible before any action is considered.

Telephone calls

I am generally not available for therapy sessions by phone unless they are arranged in advance. Phone calls pertaining to our sessions requiring more than a few minutes will be charged accordingly.

Court-related work

Working within the justice system is outside the scope of my practice. Unless previous arrangements have been made, I will not provide information to the court or to legal counsel unless ordered by a court of law.

Statement of Agreement

"I/We have read the above information and, on that basis, agree to receive therapy services from Jason Krause, Registered Clinical Counsellor"

_____ Client Signature

_____ Counsellor Signature

_____ Client Signature

_____ Date

_____ Date



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Confidential Client Questionnaire

Please thoroughly complete the following Confidential Client Questionnaire in preparation for your first counselling session. The Questionnaire will assist your counsellor in developing a clearer understanding and appreciation for your presenting concerns. Your Questionnaire will be placed in your client file. The Questionnaire along with the content of your client file is available to you at any time upon written request at a fee of \$25.00. Please allow 10 business days for the file to be copied and made available to you for personal pick up only.

1 Personal Information

Surname: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

At what number can a confidential message be left if needed? _____

2 Relational Status

Single: _____ Married: _____ Separated: _____ Divorced: _____ Common Law: _____

Name of Spouse/Partner: _____

Name and Ages of Children:

1) _____ 2) _____ 3) _____

3 Health Information

Name and Phone Number of Physician: _____

Current Medications: _____

Overall Health: (please circle one)

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4 Referral

How did you hear of Krause Counselling Services?

Website _____ Social Media: _____ Other (please specify): _____
Family / Friend (if so, please provide name): _____

5 Previous Counselling

Name of counsellor, psychiatrist, psychologist, minister: _____

Reason(s) for counselling: _____

Approximate number of counselling sessions and reason(s) for terminating sessions: _____

6 Personality Information

Please circle any of the words that best describe you now:

Active	Loving	Ambitious	Self-confident	Moody	Persistent
Shy	Nervous	Gentle	Hardworking	Generous	Patient
Impatient	Critical	Aggressive	Self-controlled	Assertive	Passive
Victimized	Impulsive	Faithful	Imaginative	Religious	Jealous
Serious	Depressed	Blue	Good-natured	Likeable	Leader
Follower	Capable	Insecure	Secure	Hopeful	Kind
Submissive	Demanding	Lonely	Excitable	Calm	Angry
Intense	Passionate	Warm	Irritable	Caring	Perfectionist
Loner	Extrovert	Introvert	Benevolent	Curious	Opinionated
Afraid	Timid	Forgetful	Dependent	Independent	

Other: _____



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7 Self-Assessment

a) What is the main reason you are seeking counselling?

b) In addition to counselling, what other supports are in place to help you in your situation?

c) Please identify two counselling goals:

- 1)

- 2)

What other information pertaining to your situation would be helpful for your counsellor to know?



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8 Weekly Experiences

Please indicate the frequency of your experiences with the following concerns during the past week by placing an 'X' in the boxes below:

Concerns	Not at all	Sometimes	Often	Always
Anger or irritability				
Anxiety, worry, fear				
Guilt, self-condemnation				
Depression				
Loneliness				
Helplessness				
Self-pity				
Inferiority				
Avoiding responsibility				
Being undisciplined				
Attacking others				
Withdrawing from others				
Abusing alcohol or drugs				
Overeating				
Over smoking				
Sexual concerns				
Giving in to pressures				
Religious concerns				
Financial concerns				
Failure to achieve				
Other (specify):				

Thank you for taking the time to complete this questionnaire.