

Welcome to my practice. I hope the experience is a positive one for you. To get the most out of counselling, I want to give you some quick tips about what to expect:

- 1.** You'll need to fill out this intake information first. Fill out the information sheets, read the consent form carefully and if you are coming for couples counselling, please sign and have your partner sign the marriage and relationship consent form. Bring any questions that you might have into our first session.
- 2.** The credit card payment consent form is attached for your convenience. Often after a session, clients don't feel like waiting in the reception area to pay and find it convenient to have their sessions processed by our receptionist. You can also pay with debit card, cash or check if you choose.
- 3.** Prior to our session, you may want to write some ideas about the things that you are struggling with and bring those into our first session. Sometimes clients like to put to paper the things that they want to work on. This can be very helpful. We'll create a treatment plan that includes those goals to work on in our first session.
- 4.** Our first session is an intake session. Although we will be talking about and highlighting the problems that brought you into counselling, it is not a formal counselling session. Usually, our second session begins the counselling process.
- 5.** My Winnipeg Therapist office is located at 34 Carlton St., in the Birch Wellness Center. There is usually parking available on Carlton Street, or around the corner on Assiniboine. If there isn't parking available on the street, there is a parking lot at the corner of Edmonton and Broadway (1/2 a block from Carlton St.).
- 6.** When arriving for the first time, please check in at the reception desk and inform them that you have an appointment with Kevin. If you have an evening session after 5:00 PM, be aware that the front office staff will not be there to greet you. Please have a seat in the waiting room and I will come and get you at the beginning of your session.
- 7.** I look forward to working with you in our counselling sessions, and please let me know if there is anything I can do to make your experience here in counselling better for you. Congratulations on making the decision to find solutions to the issues in your way.

CLIENT INFORMATION

Date: _____

This information is confidential and will be used by your counsellor to assist you.

Name _____ Date of Birth _____

Address _____ City _____ Postal Code _____

Do not include phone numbers and email addresses that you do not wish me to contact you at.

Home phone _____ Work/Cell _____

email: _____

CAREER/Occupation _____

EDUCATION Completed _____

How Did you hear about us? (Circle one of the following)

1-Psychology Today 2-Theravive 3-Birch Wellness Website

4-My Winnipeg Therapist Website 4-Word of Mouth 5-Other _____

CURRENT RELATIONSHIP STATUS (Circle one of the following)

Dating/Going Out Engaged Married Common-Law

Years married/common-law/going out _____

Years separated/divorced/widowed _____

Name of spouse/partner _____

Age _____ Occupation of Spouse/Partner _____

Describe your Relationship in the last six months. (*Circle one*)

very happy—happy—average—unhappy—very unhappy

Was there a particular event that led you to seek help at this time? (explain)

What have you already tried to address these difficulties?

What are your biggest strengths as a couple?

What is something you could do personally to improve the relationship regardless of what your partner does? (Please list at least 3 suggestions)

How important is it to you to improve the quality of your relationship?

(not important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

How willing are you to make “working on this relationship” a priority in your life?

(not willing) 1 2 3 4 5 6 7 8 9 10 (extremely willing)

*For ADDITIONAL COMMENTS please write on reverse side

CONSENT TO TREATMENT

The undersigned client agrees to undertake mental health treatment with Kevin Richardson MSW, RSW. Treatment may be in the form of consultation, mental health treatment or psychotherapy. There are many different methods of treatment that I may use to address the problems that you wish to discuss with me. Participating in psychotherapy can result in various benefits to you, including: developing personal insight; reducing emotional distress; increasing your capacity for intimacy; and resolving other specific concerns. Psychotherapy can have risks as well. During the course of therapy you may experience uncomfortable feelings or you may experience unexpected consequences. Psychotherapy requires openness and your active involvement. You are encouraged to give me feedback and input about the course of your therapy as it proceeds. While success cannot be guaranteed, therapist and client join together in a good faith interest in meeting the goals of the client.

FEE AND CANCELLATION POLICY

1. The fee for couples counselling is for a 75 minute session (and 15 minutes for notes). Payment is expected at the time of your session, unless otherwise arranged.
2. *Cancelations:
 - a. There is no charge for a cancellation made at least 24 hours before the time of an appointment.
 - b. Late Cancelations are charged **full session fee** except in the case of emergencies.
3. My services may be covered by many third-party health insurance policies. Receipts for reimbursement from insurers are provided.
4. My services are tax-deductible – please keep your receipts.
5. Telephone calls exceeding 10 minutes, other than the initial consultation, will be billed proportionately; as will professional telephone consultations (e.g. physicians, school staff, lawyers) exceeding ten minutes. These services will be billed proportionately at the hourly rate and undertaken only with your explicit consent.
6. Written reports to other professionals or third-parties (e.g. insurance, government agencies) will be billed proportionately at the hourly rate and undertaken only with your explicit consent.

I HAVE READ THE ABOVE AND I AGREE TO THE TERMS AS OUTLINED.

CLIENT SIGNATURE

DATE

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Credit Card Payment Consent Form

Patient Name: _____
(Please Print) *Last Name* *First Name* *Middle Initial*

Name on Card (if different): _____

Type of Card: Visa MasterCard American Express

Credit Card Number _____ Expiration Date _____

CVV Number _____ *A 3-digit number in italics on the back of the credit card.*

I authorize Kevin Richardson, and My Winnipeg Therapist, to charge my credit/debit card for professional services as follows

Please Initial

____ After each counselling session

____ Once per month

____ All visits in the next 12 months, beginning __/__/__, not to exceed \$_____ total.

Card holder Signature _____ Date ____ / ____ / ____

*Charges will appear on your credit card as **Birch Wellness Center** or **Kevin Richardson MSW, RSW**.*

Thank you for completing this form!