

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 Family 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, your family 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.
- 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 or third 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 Stefanie 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, 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.

Family Information

Family Name (s) : _____

Mother's Given Name: _____ Birthdate: _____

Father's Given Name: _____ Birthdate: _____

1st Child: _____ 2nd Child: _____

3rd Child: _____ 4nd Child: _____

Other family Members living with you: _____

Home 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: _____

Careers/Occupations

Dad: _____ Mom: _____

1st child _____ 2nd Child _____

others: _____

EDUCATION Completed

Mom: _____ Dad: _____

1st child _____ 2nd Child _____

others: _____

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_____

Was there a particular event that led your family to seek help at this time?

What have you already tried to address these difficulties?

As a family what do you do well together?

What are your family's strengths?

1-_____

2-_____

3-_____

CONSENT TO TREATMENT

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

FEE AND CANCELLATION POLICY

1. The counselling fee is for a 75 minute session (&15 minutes notes). Payment is expected at the time of your session, unless otherwise arranged.
2. *Cancellations:
 - a. There is no charge for a cancellation made at least 24 hours before the time of an appointment.
 - b. **Late Cancellations are charged full session fee.**
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.
1. 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.

PARENT'S SIGNATURE

DATE

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Credit Card Payment Consent Form

Client's 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!