



## Psychotherapy Intake Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Can we leave a message? YES / NO

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Biopsychosocial History

Medical Conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Health Care providers: \_\_\_\_\_

Current Medication & Dosage \_\_\_\_\_

Past/Current Mental Health Diagnosis \_\_\_\_\_

Past/Current Addiction Issues \_\_\_\_\_

Previous psychotherapy? YES / NO    Addiction Treatment? YES / NO

Presenting Problem(s) Today \_\_\_\_\_

Treatment Plan (to be filled out by Jordan Smith, MSW, RSW)



## **Consent to Psychotherapy Treatment**

As your Therapist it is important that I have your informed consent for the services I will provide. This means that I want you to understand the services I hope to provide to you, the cost involved, and what I do with the personal information I obtain about you. If you have a question on any of this, please ask.

### **Consent for Counselling Treatment:**

Requests for services will begin with a consultation/assessment usually taking one to three sessions depending on your needs and situation. Feedback will be provided with suggestions for course of treatment (i.e., individual, couple or family therapy), length, and general approach (i.e. CBT). Referrals to other professionals may be made if concerns are outside my scope of practice.

You should know consent can be revoked at any time, which means you can choose to end the treatment and withdraw from counselling whenever you choose without penalty.

During the course of your counselling treatment, upsetting and uncomfortable feelings may arise and you are encouraged to share these thoughts and feelings with Jordan.

Jordan Smith is a member of the College of Social Workers and Social Service Workers (#817654) and the Ontario Association of Social Workers (#11941).

Sessions with Jordan and the information discussed in them are confidential. Therefore, the contents of the session, what you chose to share, or even whether or not you attend sessions, will not be shared with any external source unless you have given me written permission to do so. Furthermore, any documentation on your treatment will be kept confidential in accordance with the College of Social Workers and Social Service Workers guidelines and the provincial laws. Additionally, you are permitted to access your treatment file (with prior arrangement), however you must provide written consent if any of your information is to be shared and released to a third-party.

To ensure that Jordan is providing the best quality of care, you understand that there may be at times seek out consultation and supervision with other therapists; if your treatment is discussed during these times, no identifying information will ever be disclosed.

That being said, there are limits to confidentiality were the law dictates confidential information must be disclosed. The limits to confidentiality are:

1. If there is a suspicion that a child under the age of 16 is at risk of or is being neglected or abused, it is the law that your Therapist reports this information.
2. If your Therapist is informed that you intend to harm another person, she is obligated to protect that person by notifying the appropriate authority.



3. If you become suicidal, homicidal, or unable to take care of yourself due to a psychiatric condition, your Therapist is required to notify the appropriate authority.
4. If your file is subpoenaed by the courts.
5. If it is suspected that you are unable to drive an automobile due to a medical condition (including intoxication from alcohol or drugs), Jordan is required to notify your family doctor or the Ministry of Transportation if there is no family doctor involved in your treatment.

### **Communication with your Therapist:**

In the event that you must call or e-mail, you understand that email communication is not encrypted and therefore is not confidential. You agree not to communicate through email when you are in distress or in crisis; email is for administrative purposes only.

### **In the case of Emergency:**

Sometimes clients experience an emotional crisis that requires immediate attention. You may call the office first to see if Jordan is available or if an emergency appointment can be arranged. You should be aware that Jordan also works outside this office and may not be immediately available. She will return your call as soon as possible, typically within 24 hours. If you feel you cannot wait, or if it is outside office hours, it is advised that you contact your family physician or go to the Emergency Department of your nearest hospital.

### **Consent for the Cost of Services**

The fee is \$100.00 per hour for individual sessions, and \$130.00 per hour for couple sessions. The services of a Registered Social Worker are HST exempt. Many insurance companies provide coverage for treatment with a registered social worker, however if this is not the case for you, please contact your insurance company and/or union to establish this coverage. Additionally, you can claim the cost of your counselling treatment under "Medical Expenses" on your tax return.

Fee flexibility is available on an as needed basis. The therapy hour involves fifty minutes of direct contact, with the remaining ten minutes being used for consolidating notes and treatment planning at the end of session. There is usually no charge for: (i) treatment planning outside the session; (ii) brief telephone contacts (5 min. or less) with you, family members where appropriate, and other professionals; and (iii) other brief and incidental involvements of my time. However, where tasks and consultation require more time, fees may be charged. Administrative fees will be charged for requests for file notes (for time and duplication costs), reviewing files/notes and writing reports. All billing outside the direct contact time will be discussed prior to it occurring.



Payment for therapy is expected at the end of each session either by cash, Visa or MasterCard. In this way, the account remains manageable and therapy becomes a naturally budgeted expense. Receipts will be given when payment is received. Please retain these receipts for your insurance or income tax claims, if applicable.

Clients will be charged a \$15.00 penalty fee for NSF checks. If payment becomes a concern, please discuss it with your Therapist, to avoid service charges for late payment or more active efforts to secure overdue statements

**Cancellation Policy.** Payment is expected for any missed session, unless the appointment is cancelled at least 24 hours in advance. If you arrive late for an appointment, you will be charged the full session fee.

**Consent:**

I have read the above and have had the opportunity to ask and have my questions answered by your therapist.

My signature indicates that I have reviewed and agree to all terms of this counselling consent form, including the use and disclosure of personal information. My signature below indicates my consent to treatment; to covering the cost of treatment and that I agree and understand the limits of confidentiality.

Client:

\_\_\_\_\_ Date: \_\_\_\_\_  
(print name) (signature)

Therapist:

\_\_\_\_\_ Date: \_\_\_\_\_  
(print name) (signature)

