

**Kim Nowlan, MA, CCC, LCT
Counselling & Psychotherapy**

**40 Murray Avenue
Dieppe, NB
506-233-0995**

Client Intake Form

Date: _____

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of Birth: _____ Gender: _____

Employment/School: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Family Physician: _____ Phone: _____

Presenting Issue: What brought you here today?

Medical History: Describe any medical conditions that may be affecting your current wellness (i.e. chronic illnesses, serious injuries, major surgeries, chronic pain, etc.)

Physical Health: (1 is poor, 10 is excellent) Rating: _____

Sleep: Rating _____ Hours per night: _____

Exercise Forms: _____ How often? _____

Prescribed Medications: _____

Diagnosis: _____

Additional Information:

Alcohol Intake: _____

Drug Intake: _____

Type: _____ How much? _____

In the last 3 months, have you had thoughts of hurting yourself or another? Yes No

Any current suicidal thoughts? Yes No

History of suicide attempts? Yes No

Comments: _____

History of violent behavior? Yes No Comments: _____

Risk of harm to self: None _____ Low _____ Medium _____ High _____

Hospitalization/treatment for psychiatric problems?

Trauma or other significant stressors: _____

Have you attended counselling before? Yes No

Was it helpful? Yes No Comments: _____

Who do you turn to for support?

Friends ____ Professionals ____ Neighbours ____ Co-workers ____ Children ____ Partner ____

Family member ____

What are your goals for counselling?

Is there anything I did not ask that you think would be helpful? _____

Confidentiality: As a Psychotherapist and Licensed Counselling Therapist with the Canadian Counselling & Psychotherapy Association and College of Counselling Therapists of NB, I adhere to a strict standard of confidentiality and professional ethics. No information will be shared or disclosed to anyone without permission from you. There are exceptions to confidentiality for all counsellors: 1) When information is required in Federal or Provincial Court 2) Criminal Code violations where physical and/or sexual abuse has occurred with children 3) Any person's life or health is in obvious danger.

I understand the limits of confidentiality:

Signature: _____ Date: _____

Therapist: _____ Date: _____

*If the client is 15 years of age or younger, a parent or guardian must provide a signature to indicate consent.

About Me

I am a certified by the Canadian Counselling & Psychotherapy Association (CCPA) and adhere to the CCPA's ethical guidelines and standards of practice.

I am a Psychotherapist (CCPA) and Licensed Counselling Therapist in New Brunswick (CCTNB).

I believe in a client-centered, holistic approach to counselling. I frequently incorporate CBT – Cognitive Behavioral Therapy, Mindfulness, Narrative Therapy, SFBT – Solution Focused Brief Therapy to help clients achieve their goals in counselling. I provide a safe therapeutic environment and allow clients the opportunity to express themselves without fear of judgment, as they work through their concerns.

Payments

Payment Policy & Fees

Payments are made at the session. Currently, I do not offer debit or credit card options for payment. Please place your cash payment in an envelope with your name and the date written. I will accept an etransfer payment, however, this must be received before the session begins. I will

issue a receipt at the appointment. Please note that the fee per session is \$180 (50 minutes of counselling).

Extended Health Care Plans Coverage of Fees

You must pay for your session in full, then submit your receipt to be reimbursed by your insurance carrier. Reimbursement depends on your plan and, while most insurance plans provide coverage for counselling, it is important to verify if this is a concern. Please check with your employer or insurance agent to see what is included in your coverage. Ask if members of the CCPA (Canadian Counselling & Psychotherapy Association) and/or CCTNB (College of Counselling Therapists of NB) are covered and determine how much you will be reimbursed. This is the responsibility of the client, and I cannot guarantee reimbursement from insurance providers.

Appointment Policies / Missed Appointments

Please let me know as soon as possible if unable to make your appointment and we will reschedule at a time that is mutually convenient.

Cancellation Policies

Change or Cancellation prior to 24 hours will result in no charge. Within 24 hours, the regular session charge will apply and I will provide you with a receipt for the session.