

CONFIDENTIALITY AND PERMISSION FORM

I am aware that Carolyn Waddell is a Registered Psychotherapist, and that everything that is discussed in counselling is confidential. I am aware that this confidentiality extends to all issues except those which Carolyn Waddell is required by law to report, such as suspicion of abuse to a minor child or vulnerable person, danger of suicide, actual current suicide attempts, threats to the life of another person, misconduct by a regulated health professional, or release of information ordered by a court of law.

I am aware that Carolyn Waddell works with a team, for my benefit and her own support and accountability. I am also aware that the limited information shared with team members is completely confidential between the people involved.

Therefore, I, _____, give my permission to Carolyn Waddell to discuss information from my sessions with her supervisor and professional support group, and with the health care providers in my circle of care, with the following exceptions:

_____.

I am also aware that all matters of confidentiality and professional ethics will be respected in the counselling, supervisory and information sharing process. I agree to enter counselling with Carolyn Waddell within these guidelines. I am aware that I may withdraw my consent to counselling at any time.

Client's Signature _____

Date _____

Client's Signature _____

Date _____

Counsellor's Signature _____

Date _____

REGISTRATION FORM

DATE-

NAME-

STREET ADDRESS-

TOWN/CITY-

PROVINCE/TERRITORY/STATE-

COUNTRY-

POSTAL CODE/ZIP-

PHONE-

EMAIL-

Birthdate (day, month, year)-

Occupation-

What (if any) spiritual background do you have?

What social, emotional, spiritual supports do you currently have? (eg. family, friends, community and/or church involvement, spirituality, personal coping skills, recreational outlets)

Are you currently receiving or have you had previous counselling?

-No

-Yes

If yes, please give further details.

****Please state the reason(s) you are seeking counselling.****

RISK ASSESSMENT

Do you ever take action to harm yourself in any way?

-No

-Yes

If yes, please state what you do.

Are you considering attempting suicide?

-No

-Yes

Suicide Risk (check all that apply)

-I have dark thoughts, but I would not take action to harm myself.

-I have thoughts of harming myself, and think about ways to do this.

-I am not currently having suicidal thoughts.

-I have had suicidal thoughts in the past.

-I have attempted suicide before.

-I do not believe that suicide is an option no matter how badly I feel.

-I have never thought of suicide.

****PLEASE NOTE:****

IF EVER YOU ARE SUICIDAL, YOU NEED TO ACCESS EMERGENCY SUPPORT IMMEDIATELY, NOT WAIT FOR A COUNSELLING APPOINTMENT. DIAL 911 (in North America) OR GO TO YOUR LOCAL HOSPITAL EMERGENCY ROOM.

Do you smoke, drink alcohol, or use drugs? If yes, please state what substance you use, how much, and how often.

Do you have any current medical conditions or illnesses? If yes, please specify.

Please list medications you are taking.

SYMPTOM CHECKLIST

Please check the conditions that apply to you:

- Headaches
- Dizziness
- Fainting spells
- Palpitations
- Stomach trouble
- No appetite
- Fatigue
- Insomnia
- Nightmares
- Dreams
- Anxiety
- Tense
- Feel panic
- Depressed
- Suicidal thoughts
- Sexual problems
- Unable to make decisions
- Shy
- Lonely
- Marital problems
- Can't keep a job
- Inferiority
- Outburst of tears
- Anger
- Jealous
- Fear
- Rejection
- Financial problems
- Other (please describe any other symptoms not listed here)

What do you think life would be like for you, if things were to improve in your situation?

Please check the types of counselling you are interested in:

- PERSONAL COUNSELLING (individual issues for your self)
- FAMILY OR RELATIONSHIP COUNSELLING (issues involving relationships)
- PRAYER COUNSELLING (counselling through the use of directed prayer regarding your situation)
- SELF HELP COURSES (resources/materials provided for you to work through on your own, with feedback from the counsellor)

Please check the modes of counselling service delivery you are interested in:

- Online Counselling
- Telephone Counselling
- Face to Face Counselling
- Intensive Retreat

Other Notes: