

INNERWAVES COUNSELLING AGREEMENT

Fees: *Rate Increase* Effective October 1, 2019 fees will increase to \$120.00 per hour. To be paid by cash, cheque, debit, Visa, Master Card at each session. Fees may be raised periodically.

Cancellation Policy: We require 24 hour notice or you will be responsible for the full payment.

Confidentiality: Information obtained during your sessions will be kept strictly confidential and will be shared only with your written consent. There are limitations placed on confidentiality that are stipulated by the Criminal Code of Canada, the Child & Family Services Act, and the Mental Health Services Act. These limitations include, if you at any time communicate intent to hurt yourself or someone else, or communicate knowledge of harm to a child. If it is necessary to share information based on these Acts, your consent will be requested.

All services will be provided within the ethical and professional practice guidelines of the Saskatchewan Association of Social Workers.

I may, during the course of working with you, seek consultation with a professional colleague in order to ensure that you receive the best possible care that I can offer. The information shared with this professional colleague will be kept anonymous and is restricted to the information necessary to aid in meeting the desired goals and to assist me in providing adequate service. This colleague will also be held to rules of confidentiality.

Phone Sessions and Email: You are welcome to call me outside of sessions if needed. If the phone session requires more than 10 minutes of time, you may be charged a fee. You can also email me short emails as a check in, but please do not do therapeutic process work through email. **Please be aware that due to the nature of emails they cannot be guaranteed to be secure or confidential.**

I understand the above terms of services.

Signature of Client

Date

Name of Client/Guardian (Please Print)

Registered Social Worker

INNERWAVES COUNSELLING INTAKE FORM

Name: _____

Name you wish to be called: _____

Address: _____ City or Town: _____

Province: _____ Postal Code: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

Can I leave a message at any of these phone numbers? _____

Reasons I may call include setting up appointments or checking on your progress.

If you agree please check YES _____

Birthdate: _____ Age _____

Hospitalization number: _____

Physician: _____

Health Problems: _____

Medications: _____

If on medication what is the reason?

Allergies: _____

Involved in any treatment:

___ Physician ___ Homeopath ___ Massage therapist ___ Naturopath
___ Chiropractor ___ Physical therapist ___ Acupuncturist ___ Other: _____

Innerwaves Counselling Intake Form

Referred by: Friend ___ Family Member ___ Sask Tel phone book ___ Internet ___
Other ___

Current Occupation: _____

Place of Employment: _____

Education: Elementary: _____ High School: _____
University: _____ Other: _____

Single _____ Married _____ Common-Law _____ Separated _____ Divorced _____
Widowed _____

Name of partner or spouse _____ Age _____

Previous Marriage(s): Yes ___ No ___

Family of Origin

Mother's name _____ Age _____

Father's name _____ Age _____

Sibline (Birth order including yourself. Please include names & ages)

Your Children (Birth order. Please include names & ages)

Step-Children (Birth order. Please include names & ages)