



YWCA COUNSELLING SERVICES -ADULT
INTAKE PACKAGE (PLEASE PRINT)

Today's date (mm/dd/yyyy):

PARTICIPANT INFORMATION

Participant's name: (First/Middle/Last) Preferred Name: Pronoun(s) used:

Gender: Current Age: Birth date (mm/dd/yyyy):

Phone: (Primary) Safe to leave a message Preferred Contact
(Alternative) Safe to leave a message Preferred Contact

Email: Safe to leave a message Preferred Contact

I agree to receive appointment confirmations & other communications by text message to the following number:

Primary Alternative I do not wish to receive text messages.

Address:

Postal Code: City: Quadrant (NE, SE, NW, SW, Central, etc): Province:

Primary Language: Other Language(s) Spoken:

FINANCIAL INFORMATION

Occupation/Employment Situation:

Have you or a member of your family ever been employed or volunteered for YWCA Edmonton?

Yes No

If so, when & in what capacity?

Education Level :

Elementary Junior High High School
 Some College/Technical College Degree Some University
 Undergraduate Degree Graduate Degree Post Graduate Degree

Source of income: (Please check all that apply)

Full time work Part time work Partner
 Social Assistance/AISH EI Student Loan
 Pension No Income Other

Client Name: _____

If other, please specify:

Gross Yearly Household Income:

- Less than \$10,000 \$10,000 - \$30,000 \$30,000 - \$50,000
 \$50,000 - \$70,000 \$70,000 - \$100,000 \$100,000+

Do you currently have 3rd Party Benefits that cover psychological services? Yes No

If so, please specify the provider:

PERSONAL INFORMATION: MARITAL STATUS & CHILDREN

What is your current relationship status:

- Single Dating Married
 Common-Law Separated Divorced
 Remarried Widowed/Widower Other

If other, please specify:

Do you currently have a spouse/partner attending/seeking counselling at the YWCA Edmonton?

- Yes No

If so, who is their counsellor?

Do you have children? Yes No (If Yes, please fill in below)

Child's Name	D.O.B.	Gender	Custodial Parents' Names	Do they live with you?
			1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			2.	
			1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			2.	
			1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			2.	
			1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			2.	
			1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			2.	

*******Please note that in order for a child to enter into counselling at the YWCA Edmonton, consent must be provided from all custodial parents. *******

Has Children and Family Services ever been involved? Yes No

If YES, are they currently involved? Yes No

MEDICAL HISTORY

Do you currently have any medical concerns, conditions or medications we should know about?
 Yes No

If YES, please describe the problem and nature of the treatment:

Are you currently receiving support from any of the following:

Doctor Psychiatrist Counsellor Family/Friends Spiritual/Cultural

Local Shelter: (Please Specify)

Community Agency: (Please Specify)

Other: (Please Specify)

PRESENTING ISSUES

Please review the following list and check all that apply to you.

Family Violence Death/Grief Significant Life Change Health Problems
 Separation/Divorce Difficulty with Family/Friends Marital Problems Relationship Problems
 Eating Problems Work Problems School Problems Chronic Pain

Other:

Current Symptoms: Please check any that you have experienced in the last *two weeks*:

Changes in sleep patterns Racing Thoughts Excessive Worry Fatigue
 Unable to enjoy activities Impulsivity Anxiety attacks Irritability
 Loss of interest Changes in libido Hallucinations Engaging in risky behaviour
 Loss of concentration Changes in appetite Feelings of guilt Feelings of worthlessness
 Feelings of hopelessness Depressed mood Paranoia Self-harm/Cutting
 Low self-esteem/Confidence Other:

In the last two weeks, how distressing have you found these symptoms? 0 1 2 3 4 5 6 7 8 9 10
Least distressing Most distressing

SUICIDE RISK ASSESSMENT

Have you ever had thoughts or feelings that you didn't want to live? Yes No

Have you previously attempted suicide? Yes No

If yes, how many attempts?

Do you currently feel that you don't want to live? Yes No

ALCOHOL AND SUBSTANCE USE

Do you use non-prescription drugs (ex. Marijuana)? Yes No

If yes, how often do you use it?

Do you drink alcohol? Yes No

If yes, how often do you use it?

Client Name: _____

SELF-CARE

Self care is defined as personal health maintenance. It is engaging in some type of activity with the intention to improve and restore one's health and to treat and prevent disease and sickness from occurring. Please list any hobbies and/or leisure activities that you engage in for self care?

Do you belong to any clubs or organizations? (ex. Church group, a sports team, PTA, etc...)?

CULTURAL, ETHNIC, RELIGIOUS & IDENTITY INFORMATION

Do you consider yourself a member of any of these groups?

Persons with a disability

Aboriginal/First Nation

LGBTQ; Please Describe:

Immigrant/Newcomer to Canada; Country of Origin:

Ethnocultural Minority; Please Describe:

Religious/Spiritual Affiliation; Please Describe:

Other; Please Describe:

Are there any specific aspects about your ethnic or religious values and/or experience that you feel would be helpful for me to know? If so, please describe:

FAMILY VIOLENCE & ABUSE

As part of our intake process, we ask all of our clients a question about family violence so that we can determine safety and provide support. Some examples of family violence include physical abuse (ex. Strangulation, hitting and forced isolation), verbal, mental and emotional abuse (ex. Name-calling, threats, harassment, throwing things, punching walls), control over finances, sexual abuse, religious/spiritual and cultural abuse

Have you experienced these or other similar behaviours? Yes No

Do you feel threatened or unsafe in a current relationship (s)? Yes No

Are you currently involved in the Criminal Justice system or with Victim Services? Yes No

Please specify:

COUNSELLING PREFERENCES & ADDITIONAL INFORMATION

YWCA Edmonton will work to accommodate any requests, however due to counsellor availability we may be unable to accommodate the requests. Certain requests, such as requesting Evening appointments only, are subject to longer wait times.

I would prefer a...

Male Counsellor

Female Counsellor

No Preference

Client Name: _____

Appointment Time Preference:
 Morning (9am-12pm) Afternoon (1pm-4pm) Evening (5pm-8pm) No Preference

Any other counsellor preferences:

Counselling Type
 Individual Towards Balance (Group) Towards Healing (Group) Towards Wellness (Group)

YWCA Edmonton offers a variety of group programming at varying times. Please contact our Service Coordinator to learn more about the groups we are currently offering and for more information on registering.

What prompted you to seek therapy at this time?

What changes would you like to make?

Is there any other information you think may help the therapist understand you?

OTHER ORGANIZATIONS

Who referred you to our services?

We understand that you may be on a wait list at another organization that provides counselling services. Would you be willing to allow us to contact them in order to better coordinate your mental health needs?

If you are on another waitlist, could you please list them?

Do you consent to us contacting them on your behalf? Yes No

CONSENT TO PARTICIPATE IN INTAKE/COUNSELLING - ADULT SERVICES

I understand that the intake process and counselling provided through the YWCA Edmonton Counselling Centre follows a philosophy in which people are viewed as having the inner resources to develop their own solutions to their problems. With this in mind, I understand that the service provider(s) will work with me to assist my gaining personal insights, learning new ways to cope with or to solve problems, developing new skills, and changing unwanted behaviors. I am also aware that my participation in counselling may evoke strong emotions or difficult memories, result in changes in self-awareness, and different ways of relating to others.

During the course of therapy, I will be apprised of the rationale for risks, benefits, alternatives and

Client Name: _____

interpretations of any and all interventions. I understand that I have the right to accept or reject any task, exercise, or procedure suggested by the counsellor. I also have the right to terminate the therapeutic relationship at any point and to request an appropriate referral to other agencies and/or resources.

Collection, Use and Disclosure of Information

- I may request the YWCA Edmonton to provide a written report about information within my file or a record of my attendance to other agencies or individuals.
 - *I understand a release of information form must be completed and signed before such information will be released.
 - * I understand that, in the event that my consent for release of information has been given verbally, I will be required to sign the form prior to the release of the information.
- I understand the original file remains the property of the YWCA Edmonton, however, that it will be available for me to read and that I can request a copy of my file but that there will be a fee of \$75.00 for such service. I understand I will be required to sign a 'Release of Copy of File' form at that time and that this process may take up to 30 days.
- I understand that any requests for letters or other documentation must be made in writing with a minimum of one week notice. Requests for documentation will be subject to a fee of \$50.00 for a one page letter. Documentation requests exceeding one page must be approved by the Director of Counselling Services who will then determine the appropriate fee.
- In the case of couple/family counselling, I understand that the YWCA Edmonton must receive written permission from all adult participants prior to the release of a copy of the file.
- I understand that my file will be kept solely for the following reasons: documentation of intake/counselling sessions and any related information; maintaining a record of correspondence on my behalf; any assessment tools completed by me.
- I understand that I have the right to request corrections of inaccurate information about myself in my records.
- I understand that my file will be kept for ten years and then shredded prior to disposal.
- I understand that my file will be kept indefinitely if I disclose any of the following: child sexual abuse, sexual assault and or developmental disability.
- I understand that demographic information will be kept indefinitely on an agency-controlled database.

Limits of Confidentiality

- I understand that my service provider(s), department support staff, Director of Counselling Services, and Chief Executive Officer have access to all client files.
- I understand that all YWCA Edmonton staff, who has access to my files, are bound to keep information about me secure and confidential.
- I understand that my service provider(s) is required to take necessary and reasonable precautions to prevent risk of harm to myself and to others.
- I understand that by law my service provider(s) is required to report any allegations, signs of abuse or neglect against vulnerable persons to the appropriate authorities.
- If my service provider(s) is required by law to release my file, they will undertake the necessary steps to determine if the release of my file could have a substantial adverse effect or cause harm to the physical, mental or emotional well-being of myself or a third party before releasing my file.
- I understand that if a third party payer requires disclosure of information for the purposes of

payment, I will be informed of their requirements before counselling proceeds.

- I understand that my case may be discussed in the context of closed meetings with the Counselling Department, for the purpose of coordinating services for my benefit.
- I understand that the YWCA Edmonton Counselling Centre conducts an Annual Client Satisfaction Survey and that I may be contacted during this process.

Service Providers

- I understand that YWCA Edmonton Counselling Services is a teaching facility; therefore, I may be asked if an intern can shadow my session(s). I have the right decline having an intern present.
- I understand that I may be paired with a counselling intern who is currently working to complete their Masters in Counselling from an accredited, Alberta-based institution and is under the supervision of a Registered Psychologist.
- I understand that I have the right to request a transfer to a different counsellor if I believe my needs are not being met with my current service provider. I understand that there may be a wait associated with this, due to counsellor case loads.
- I understand that, if needed, I am welcome to take a break from counselling. If my break is longer than six months, or if my counsellor is no longer a member of staff, I understand that I may be assigned a new counsellor based on counsellor availability. I understand that there may be a wait associated with this, due to counsellor case loads.

I have read (or have had read to me) and understand the above information, and I agree to participate in the services provided by the YWCA Edmonton Counselling Centre.

Participant Name (Please Print)	
Participant Signature	
Date	
Witness Name	
Witness Signature	
Date	

CLIENT EXPECTATIONS FOR COUNSELLING

Please read and initial the following statements to consent to the services:

- I understand that YWCA Edmonton will attempt to contact me three times by phone and/or email to book my intake appointment.
 - If I do not respond in the given timeframe, I will be removed from the list and will be placed back on the waitlist if I express interest in counselling again.
- I understand I have to pay for each session and/or outstanding balance before each session.
- I understand I have to book future appointments after each session, that I am responsible for my own appointment bookings, and that YWCA Edmonton staff will not contact me if I forget to book my next appointment.
- I understand I have to let YWCA Edmonton know of any changes to my financial situation so they can revise my assessed fee to reflect that change.
 - I understand that I will have to provide updated paperwork on an annual basis.

Client Name: _____

- I understand I have to attend all of my scheduled appointments *on time*.
 - If I do not show to a scheduled appointment, I will be charged the cost of the missed appointment.
 - If I arrive late to my appointment, I understand my appointment will be shorter than the 50 minutes allocated.
 - If I am 15 or more minutes late to my appointment, I understand that the appointment will be cancelled and must be rescheduled. I understand that late appointments are considered short notice cancellations and subject to the same penalties as a short notice cancellation.
 - If I must cancel an appointment, I will provide 48 hours notice. I understand that if I provide less than 48 hours notice, YWCA Edmonton reserves the right to charge me the cost of the appointment.
- I understand that if I do not show to or short notice cancel two or more appointments, I will be unable to receive services for three months.** If after those three months are up I return to services, I understand I will not be able to access subsidized services.
- I understand I have to keep my voice down when in the waiting room.
- I understand that when calling in to change or cancel your appointments, I will have my dates correct. I understand that therapist schedules fill up quickly, and dates will not be held or reserved.
- I understand that If any of my information changes while being a client of the YWCA, I will inform YWCA Edmonton so they can keep my contact information up to date.
- YWCA Edmonton is a scent-free facility. Thank you for not wearing scented products or perfumes when visiting our office.
- YWCA Edmonton is unable to provide child-minding services on site. If you are unable to line up childcare prior to your appointment, you may cancel without penalty. If you bring children to your appointment who do not have an adult or older youth to supervise, your appointment will be cancelled.**

Please be advised that the YWCA has a zero tolerance policy of abuse and or bullying against staff. Any behavior fitting this description could result in immediate termination of services.

I have read (or have had read to me) and understand the above expectations, and I agree to follow these while attending the YWCA for counselling.

Client Name	
Client Signature	
Date	
Witness Name	
Witness signature	
Date	

ywcaofedmonton.org

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