



CLIENT INTAKE FORM

Date _____

Name _____

Age _____

Phone Number _____

Date of Birth _____

Email _____

Preferred Language _____

Home Address _____

Emergency contact person:

Name _____

Phone Number _____

Relationship _____

How did you learn about us? _____

Have you seen or are you currently seeing a psychiatrist, therapist or counsellor? Yes No

If yes, name of Counsellor/Agency _____

Reason _____

Are you on any medication? Yes No

If yes, which ones? _____

How Can We Help? What is your main reason for seeking counselling? _____

What do you hope to achieve through counselling? _____

Are you currently experiencing a crisis? Yes No

If yes, please describe the nature of the crisis (eg. suicidal thoughts, feelings or actions?) _____

Please check all symptoms/common problems that apply:

<input type="checkbox"/> Marriage	<input type="checkbox"/> Finances	<input type="checkbox"/> Faith
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Church/Ministry
<input type="checkbox"/> Pre-Marital	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Intimacy
<input type="checkbox"/> Emotional changes	<input type="checkbox"/> Addiction	<input type="checkbox"/> Parenting
<input type="checkbox"/> Family	<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Trauma/PTSD
<input type="checkbox"/> Avoidance/Isolation	<input type="checkbox"/> Depression	<input type="checkbox"/> Self Harm
<input type="checkbox"/> Stress	<input type="checkbox"/> Fear/Anxiety	<input type="checkbox"/> Anger
<input type="checkbox"/> Work/Career	<input type="checkbox"/> Acute pain	<input type="checkbox"/> Others, please specify
<input type="checkbox"/> School	<input type="checkbox"/> Loneliness	

Do you have a support system? (Community, Friends or Family to talk to) Yes No

Have you ever been hospitalized for Mental Health reasons? Yes No

If yes, what was the reason? _____

Have you been clinically diagnosed with any Mental Illnesses? Yes No

If yes, what was the diagnosis? _____

Is there a History of Mental Illnesses in your family? Yes No

If yes, what was the diagnosis? _____

How should we reach out to you? Call Email WhatsApp

Thank you for completing the intake form. A counsellor will contact you and this will be reviewed with you during your first counselling session.



INFORMED CONSENT

Please read this important information about our services and policies carefully.

Eden Life Centre provides professional and non-professional counselling services to individuals, families and the community at large.

Our goal in providing counselling services is to help you deal with the challenges of life in a way that will improve your personal well-being, relationships, self-image and spiritual growth. Due to the challenging nature of working with one's pain, it is important to note that healing work can be painful and it is normal to feel discomfort before improvement. Counselling is a vulnerable process and requires commitment and cooperation. Your counsellor will never work harder on your healing than you do.

CONFIDENTIALITY:

Confidentiality is a primary value in the counselling process, and all information discussed in sessions is treated with the utmost privacy. Information will only be released under certain circumstances:

1. The client signs a written release indicating consent to release agreed upon information for the purpose of referral to another counsellor or professional.
2. The client expresses serious intent to physically harm themselves or someone else. Counsellors may be required to take protective actions such as notifying the potential victim or the police in the instance they are threatening bodily harm to another. If the person threatens to harm himself/herself, the counsellor may be obligated to seek hospitalisation, contact family members or others who can assist with providing protection.
3. There is reasonable suspicion of abuse against a minor, elderly person or dependent adult. The counsellor is legally required to report abuse to the appropriate authorities.
4. Counsellors may present cases at supervision groups in order to enhance their skills and knowledge. Any personal information and identifying details are withheld in order to protect confidentiality.

If you have any concerns regarding confidentiality matters, feel free to ask your counsellor.

FEES:

Eden Life Centre believes that everyone should have access to emotional and mental health support and in order to ensure inclusive access, the first 2 sessions with a counsellor will be free of charge. The counsellor and client will assess whether or not more sessions are required and, thereafter, a donation will be required for any additional sessions.

Should you like to give a donation for all sessions, despite your right to 2 pro bono sessions, you may do so. All funds received contribute toward making the services provided by Eden Life Centre possible.

SCHEDULING AND CANCELLATIONS:

Scheduled counselling sessions are a commitment both the client and the counsellor honour. Sessions are scheduled for 50-60 minutes. Please be respectful of the scheduled time and if you feel you will require more time, please negotiate with the counsellor prior to the session.

If you need to cancel your appointment, please do so at least 24 hours before the time. If you cancel an appointment with less notice, there may be a penalty fee required before another session may be scheduled, or you may forfeit a pro bono session. In the case of an emergency, exceptions may be made.

WORK AGREEMENT:

As a client, you agree to be an active and committed participant in your counselling process. Progress is highly dependent on your willingness to be open, cooperative, to complete any homework assignments given or implement any agreed upon behaviours.

Please note that your counsellor may refer you to another counsellor or broaden your network of support through additional referrals to professionals who can better meet your needs. Any changes or referrals will be discussed and be considered in your best interest.

If you read the above carefully and agree to receive counselling through Eden Life Centre, please sign below.

ACKNOWLEDGEMENT:

I have read the above material and understand the conditions regarding confidentiality of information I may provide during counselling and the limits of that confidentiality. I understand that the results of counselling vary from person to person and that achieving a positive outcome depends upon my efforts as well as those of my counsellor. I give my informed consent to receive counselling services.

Client Name (please print): _____

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____