

Welcome!

You have taken a very positive step by deciding to seek therapy. The outcome of your journey depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We can promise to support you and do our very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

You can gain the most from counselling when:

- ✔ You recognize that talking about your feelings and your thoughts is important.
- ✔ You understand that bringing a change requires work on your part and will take time.
- ✔ You are prepared to take responsibility for trying out new avenues as discussed during counselling sessions.
- ✔ You are willing to come regularly for your appointments and participate actively.

Healing will forever change you, and this change can ripple through every facet of your life.

To help us help you, Please take a moment to complete the following Intake Package. Your information is kept confidential. If you have difficulty completing the package you can bring into your session to complete with your counsellor.

Thank you for trusting us and we look forward to working with you!

CONFIDENTIALITY AND EXCEPTIONS TO CONFIDENTIALITY

All information you share with us is strictly confidential and will not be released without your voluntary and written consent. All Sudbury Counselling Centre staff, consultants, students, and volunteers sign a Confidentiality Agreement indicating that information they receive about you, your child, and/or family will be kept confidential and private.

Client information will only be released or sought with the permission of a duly authorized legal guardian, parent, or a youth over the age of 16. All permissions to release information must be received in a written format by completing the Request for Access to Personal Information Form.

Some of our services are provided in a group or workshop format. Confidentiality is discussed within the group meeting and all participants sign the Confidentiality and Exceptions to Confidentiality Agreement.

Client confidentiality is of utmost importance, however online communication or email is not 100% secure. There are risks involved and it is important that you are aware we cannot guarantee your protection.

With a few exceptions, you have the absolute right to confidentiality while accessing services at the Sudbury Counselling Centre. Exceptions to confidentiality include:

- If there is reason to believe you are at serious and imminent risk of physically harming yourself or another person**
- If there is reason to believe that a child/children are being put at risk, abused, neglected and/or mistreated or information that a child/children is/are in need of protection (Child and Family Services Act 1984)**
- If you have been sexually abused by another regulated health professional**
- If Sudbury Counselling Centre Staff find you are unable to incompetent to operate a motor vehicle. (Motor Vehicles Act)**
- If a court has subpoenaed your records**

The Sudbury Counselling Centre keeps a record of every session, as well as any contact by email or phone. All notes, copies of letters and reports are the sole property of the Sudbury Counselling Centre and all information is carefully managed according to our Confidentiality policy.

I have read and I understand the nature and limits of confidentiality.

Date

Print Name

Signature

WHAT YOU SHOULD KNOW WHEN RECEIVING COUNSELLING SERVICES AT THE SUDBURY COUNSELLING CENTRE

A counsellor can work together with you to find ways to address the challenges you are facing. Counselling offers you an opportunity to discuss your concerns, clarify what would be helpful, and strengthen your ability to make the desired changes in your life.

- ✔ You do not require a referral to access counselling services.
- ✔ Standard Counselling sessions are 50 mins with 10 minutes of paperwork and a follow up planning period.
- ✔ The Sudbury Counselling Centre keeps an electronic record for every client interaction and service received.
- ✔ All client records are maintained and kept for 10 years from the date of the last entry in the record.
- ✔ All children/youth records are maintained and kept for 10 years after the day on which the client reached or would have reached the age of 18 years of age.
- ✔ If you have any concerns or wish to make a complaint, the Sudbury Counselling Centre will provide you with a Client Complaint Form. Once the complaint/concern has been formerly received, you will receive a response within 5 business days.
- ✔ If you have any concerns about any aspect of your counselling, you are requested to first address it with your counsellor. If this is impossible or unsafe, or if your concern is not resolved through discussion, please call or ask to see the Executive Director or the Program Director; 705-524-9629
- ✔ All information, data collected is kept confidential, secured and is done exclusively with your consent.
- ✔ The Sudbury Counselling Centre will not, in any circumstances, share your personal information with other individuals or organizations without your verbal and/or written consent.
- ✔ You can at any time access your personal record by completing a Release of Information and Liability Agreement available at reception or by asking your Counsellor.
- ✔ Session missed with less than 24 hours' notice will be considered a missed or "no show" appointment and you or your employer will be charged the equivalence of a 30 mins session.

- ✓ Clients with two “no-shows” risk having their counselling suspended or terminated.
- ✓ Counsellors and Reception check for voice mail messages during normal business hours. Messages left outside of normal Sudbury Counselling Centre hours of operation will be picked up the next business day.
- ✓ If you have an emergency that requires immediate attention please seek assistance at the Health Sciences North emergency department and/or call CRISIS at 705-675-4760 (24 hours hotline)
- ✓ Should we need to contact you, we will try to reach you via the telephone number you've provided to us on the intake form. If the receptionist or your counsellor is calling you, the number will come up as private or anonymous on your phone.
- ✓ You and your counsellor will set goals collaboratively.
- ✓ You have the right to refuse any recommended services.
- ✓ All required payments must be made ahead of your sessions through reception. Upon payment a receipt with the counsellor's Registration number will be issued.
- ✓ Missed payments will lead to the suspension of counselling services until payment in full has been made.
- ✓ The Sudbury Counselling Centre does not provide childcare and is not responsible for children or adolescents left unsupervised in the waiting room.
- ✓ Minors must be picked up following their appointments on time. If you must leave your child in the waiting room during a session, it is your responsibility to provide appropriate supervision for that child.
- ✓ Children under the age of 10 may not be left without supervision in the waiting room.
- ✓ The Sudbury Counselling Centre reserves the right to discontinue, refuse or deny counselling at any time.
- ✓ You agree to receiving counselling services from the Sudbury Counselling Centre.

It is important to us to know that you have read and understand the above information. If this is the case, please sign below. If you have any concerns you may wish to discuss them with your counsellor before you sign.

Print name

Signature

Date

ADULT INTAKE FORM

the information you choose to disclose is considered confidential

Date	Name	Date of Birth
Address		
Phone Number:	May we leave a message Y <input type="checkbox"/> N <input type="checkbox"/>	
Email:		
<i>*Please note: Email correspondence is not considered to be a confidential medium of communication</i>		
Who referred you to the Sudbury Counselling Centre?		
Allergies:		
Emergency Contact Information		
Name:	Relationship:	
Telephone Number:		
What is your birth Sex?	Male <input type="checkbox"/>	Female <input type="checkbox"/> Intersex <input type="checkbox"/>
What gender do you identify as?	Male <input type="checkbox"/>	Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
What is your current Relationship Status?	Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	

I identify my ethnicity as (select all that applies)

- African/Black/Caribbean
- Asian
- Chinese
- Hispanic/Latino
- Indigenous / Aboriginal / people of the first nation / Métis
- Japanese
- Korean
- South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- South West Asian (Vietnamese, Malaysian etc.)
- West Asian (e.g. Iranian, afghan etc.)
- White/European/Caucasian
- Other population group not listed:

Language spoken at home

- Aboriginal language/ Ojibway/obi-Cree / Mikmaq / Dene/ Atikmekw etc..
- Arabic
- Chinese
- Dinka
- English
- Farsi
- Finish
- Français / French
- Hindi
- Italian
- Korean
- Kurdish
- Mandarin
- Pashto
- Polish
- Punjabi
- Somali
- Spanish
- Urdu
- Vietnamese
- Other language not listed:

Are you currently Employed? Yes No

What is your current occupation?

Who is your current employer?

Are you currently on any provincial Assistance program? Yes No

If yes which one?

ODSP Ontario Works Other

I consent to receive counselling Yes No

Signature

Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark with an X the square which best describes your current situation. If you can't answer a question or if it doesn't apply to you write N/A . For this questionnaire, work is defined as employment, school, housework, volunteer work, etc.	Never	Rarely	Sometimes	Frequently	Almost Always
1. I get along well with others					
2. I tire quickly					
3. I feel no interest in things					
4. I feel stressed at work/school					
5. I blame myself for things					
6. I feel irritated					
7. I feel unhappy in my marriage/relationship					
8. I have thoughts of ending my life					
9. I feel weak					
10. I feel fearful					
11. After heavy drinking, I need a drink the next morning to get going					
12. I find my work/school satisfying					
13. I am a happy person					
14. I work/study too much					
15. I feel worthless					
16. I am concerned about family troubles					
17. I have an unfulfilling sex life					
18. I feel lonely					
19. I have frequent arguments					
20. I feel loved and wanted					
21. I enjoy my spare time					
22. I have difficulty concentrating					
23. I feel hopeless about the future					
24. I like myself					
25. Disturbing thoughts come into my mind that I cannot get rid of					
26. I feel annoyed by people who criticize my drinking or drug use					

Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark with an X the square which best describes your current situation. If you can't answer a question or if it doesn't apply to you write N/A. For this questionnaire, work is defined as employment, school, housework, volunteer work, etc.	Never	Rarely	Sometimes	Frequently	Almost Always
27. I have an upset stomach					
28. I am not working/studying as well as I used to					
29. My heart pounds too much					
30. I have trouble getting along with friends and close acquaintances					
31. I am satisfied with my life					
32. I have trouble at work/school because of my drinking or drug use					
33. I feel that something bad is going to happen					
34. I have sore muscles					
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth					
36. I feel nervous					
37. I feel my love relationships are full and complete					
38. I feel that I am not doing well at work/school					
39. I have too many disagreements at work/school					
40. I feel something is wrong with my mind					
41. I have trouble falling asleep or staying asleep					
42. I feel blue					
43. I am satisfied with my relationships with others					
44. I feel angry enough at work/school to do something I might regret					
45. I have bad headaches					

Please tell us what is the primary reason for seeking counselling services?

What can the counsellor do to help you?

Is there any information that you think we should know?

IF YOU ARE ACCESSING SERVICE THROUGH YOUR E.A.P

Please complete the following page.

PLEASE READ EACH QUESTION CAREFULLY. Please select the box that best match your experience at work over the last 2 weeks. Work is defined as EMPLOYMENT / SCHOOL / HOUSEWORK/ VOLUNTEER WORK etc.	Very low	Low	Acceptable	High	Very High
1. My ability to concentrate on my work was...					
2. The amount of work I accomplished was...					
3. The quality of my work ...					
4. The amount of satisfaction I got from my work was...					
5. The amount of stress I felt about my job was					
	Very Difficult	Difficult	Acceptable	Satisfying	Very Satisfying
6. Overall, my relationship with most of my co-workers were...					
7. Overall, my relationship with most of my bosses were...					

Workplace Attendance (Vacation Days are not considered scheduled work days)
Please choose the options that best describe our work attendance over the last 4 weeks at work.

- I have not worked any of my scheduled days
- I've missed more than half of my scheduled days
- I've missed 2 or 3 of my scheduled days.
- I've missed one of my scheduled days and have been late on at least one other day.
- I've missed one of my scheduled days but have not been late for any of the other days
- I've been late once or twice but have worked all my scheduled days.
- I've been on time and as scheduled each day