

Angela Carter Counselling Therapy
Angela Carter Counselling Therapy - NEW CLIENT INFORMATION FORM

Child's name (please print): _____

Date of Birth: _____

Sex/gender/ Preferred pronouns: _____ / _____ / _____

Child's cell number: _____

Parent/Guardian cell/phone number: _____

Can I leave a voice mail YES NO

Email: _____

May we contact you via email? YES NO

Address: _____

Is this where you will be during our phone or online counselling session? YES NO

*Emergency Contact of child during session: _____

Emergency contact's Cell Phone: _____

Relationship: _____

Name of your family doctor: _____

Phone: _____ (for contact with your consent, and/or in case of emergency)

Please list any current illnesses/medical conditions that a counselling therapist would need to know: _____

Are you currently, or likely to be, involved in a lawsuit? YES NO

Emergency Services: I accept that Angela Carter Counselling Therpay **does not** provide emergency services. If I am experiencing an emergency situation, **I understand that I can call 911 or proceed to the nearest hospital emergency room for help. I can also contact the Mental Health Mobile Crisis Team 24/7 if I am experiencing a mental health crisis at 1-888-429-8167.** Clients who are actively at risk of harm to self or others are not suitable for Telecounselling (phone/video) services. If this is the case or becomes the case in the future, my clinician will recommend more appropriate services. Initial:

Is there anything else your counselling therapist needs to know?

Please note – All sessions are approximately 50 minutes long, paid the day of the appointment, beforehand. If canceling day of appointment, there is \$100 cancellation fee.

Parent/Guardian Signature: _____

Date: _____

***FOR SCHOOL AGED CLIENTS / CHILDREN:**

School: _____

Grade: _____

Two parents at same address as child _____

Sole custody _____ **Joint custody** _____

Parent 1 Name: _____

Address: _____ **City/Town:** _____

Postal Code: _____

Parent 1 Name: _____

Address: _____ **City/Town:** _____

Postal Code: _____

***Please let me know if there are custody/court/legal issues I need to be aware of.**

I consent to Angela Carter (Angela Carter Counselling Therapy) working alone with my child:

Signature Parent 1: _____

Signature Parent 2: _____

The parent can attend sessions, if agreed upon by all parties.

***If there is a custody/legal issue I trust that the parent will show me said documents and consent will be given by all parties required.**

Children must be willing to participate in counselling, and shouldn't attend unless they choose to.

I would like to work with Angela Carter Counselling Therapy:

Child's signature: _____

Outline services are conducted under Canadian Law

