



Westcoast Clinical Counselling

Angela Burns, M.A. Susan Farling, M.A. Jocelyn Harris, M.A.

Counselling notes other than the information on this sheet (please circle)
Will or Will Not be kept on file

Name:

date of birth:

Address:

postal code:

Telephone: (w)

(h)

Referral source:

Family Physician:

Medication:

Person to notify in case of emergency:

Tel. No.

Fee:

Release of Information Agreement

Information obtained within the counselling sessions will not be released without the written consent of all parties or a court order.

Limits of Confidentiality

- If a client threatens bodily harm to self or others
- If there is indication of child abuse
- Counsellors under subpoena are bound by law to disclose information obtained during the course of counselling

Cancellation Policy

24 hour notice of cancellation is requested or the full session fee will be charged. (Includes clients whose fees are paid by 3rd parties who do not cover missed appointments).

Client: _____ Date: _____

Counsellor _____ Reg.No. _____

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