

Arla Sinclair ARLA SINCLAIR COUNSELLING SOLUTIONS

REGISTERED CLINICAL COUNSELLOR | M.ED.

CLIENT INTAKE AGREEMENT

NAME _____ PRONOUN _____ DATE OF BIRTH _____

PHONE WORK _____ CELL OR HOME _____ OK TO LEAVE MESSAGE _____

EMAIL _____

AS A REGISTERED CLINICAL COUNSELLOR with the British Columbia Association of Clinical Counsellors, I offer professional counselling to individuals, couples and groups. Counselling can bring **deeper awareness** and **insight** and sometimes requires that you be **willing** to examine difficult topics, experience stronger emotions, and try out new and different behaviours. I believe that as a counsellor I hold the container, the **safe place**, or open space where my client can think what they think, feel what they feel, say what they want to say and come to know who they are in a deeper way. I believe it is an honour and a privilege to sit with someone and enter their world. My commitment to you is to aid, assist and encourage you in **living your life effectively**.

AS A CLIENT I understand that all information disclosed in my counselling sessions will be kept confidential with three exceptions:

- Possible clinical consultation with a professional supervisor
- If I disclose information that leads my counsellor to conclude that a child is in need of protection, my counsellor is obligated by law to report this information to child protection authorities
- If my counsellor believes I may do harm to myself or someone else

In the case of an emergency or imminent harm to myself or another, I give my permission for my counsellor to contact the appropriate authority.

FAMILY DOCTOR _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____ FEE _____

I agree with these guidelines and agree to pay the stated fee for each session.

CLIENT SIGNATURE _____ DATE _____

COUNSELLOR SIGNATURE _____ RCC REG NO. #2193

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