



Confidential Client Information

Welcome to THERAtivity. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

First and Last name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Daytime number: _____

Email: _____

Age: _____ Birthdate: _____ Birthplace: _____

Current Occupation: _____

Person to alert in the event of medical emergency: _____

Relationship to child: _____ Phone: _____

Family Doctor: _____ Phone: _____

Parents' Relationship status (circle one): Single Married Partnered Separated Divorced
Widowed

Spouse/partner's 1st name: _____ Age: _____ Yrs in relationship: _____

Children (gender, age): _____

Are there others living in the household? If so please list: _____

Where did you hear about THERAactivity:

Family History:

Please describe any significant current or past social/medical issues/problems in your family, including mental health: _____

Have you or your spouse/partner (if applicable) had previous psychological care or counseling?

Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Have you or your spouse/partner (if applicable) ever been hospitalized for a psychological difficulty?

Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

Child's information (if under the age of 16):

Please describe what your child's strengths and what he/she enjoys doing?

Has **your child** had previous psychological care or counseling? Including the involvement with the school Social Worker

Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Please list any medications **your child** is currently taking. Include prescription and over-the-counter medications and the dosage of each.

Did you feel these services met your family's needs at the time? Yes No
If no, why not? _____

Has **your child** ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with Alyse. Feel free to list more than one goal if you wish.

The logo for THERAtivity features the word 'THERAtivity' in a playful, multi-colored font. The 'T' is a yellow paintbrush, 'H' is blue with white dots, 'E' is purple with white dots, 'R' is red with white dots, and 'A' is green with white dots. 'tivity' is in a simple black font. Below the logo is a horizontal line, and underneath that is the tagline 'Bringing Creativity to Therapy' in a black, sans-serif font.

THERAtivity

Bringing Creativity to Therapy

Please take a few minutes so you are familiar with THERAtivity's policies. By signing this form you are agreeing to the stated policies and are agreeing to counselling services. If you have any questions please feel free to discuss them with Alyse prior to signing this form. You will receive a copy of this document for your records, if you have any concerns at any point with the process it is encouraged to discuss these with Alyse.

THERAtivity offers a unique approach to therapy. During the course of therapy you and your family will be encouraged to engage in various activities in and out of the office. The purpose of this is therapeutic and is based in Cognitive Behaviour Therapy, Solution Focused Therapy, Narrative Therapy, and Mindfulness Meditation. If there is anything you feel uncomfortable with please let Alyse know. You are entitled to end therapy at any time.

No therapy can guarantee results. Simply coming to therapy, talking, and participating in activities will not, in itself, produce long term changes. Therapy is the most effective when you practice strategies discussed between sessions. Improvement will require you to make therapy a priority and attend regular scheduled appointments. Therapy may stir up some powerful emotions and it is not necessarily the goal of therapy to avoid this. You are encouraged to discuss these feelings and emotions with Alyse. While therapy can be extremely beneficial, behaviours may get worse before they get better; however not to worry, you can feel confident that you will get the support needed from Alyse.

CONFIDENTIALITY:

All children, teens, and adults have the right to confidential counselling. Sessions with Alyse are confidential, which means she cannot tell anyone else what is discussed in therapy or tell people you are in therapy without your prior written consent. It is encouraged that all children, and teens involve their parents in some or all aspects of therapy.

There are some exceptions to confidentiality in which Alyse is legally required to disclose:

1. If Alyse believes that you are a serious risk of doing significant self-harm or harm to another, Alyse is legally mandated to intervene (contact the police, a family member, and if necessary recommend you immediately go to the local Emergency Room.)
2. If it is reported or Alyse has suspicion that a child is being or is at risk of being physically, sexually, or emotionally abused or neglected. Alyse is legally required to contact the Children's Aid Society.
3. If there is a court order or summons for Alyse to attend court or produce your records.
4. If you report that another helping professional has been abusive, Alyse is required to report this information to the professional's regulating body.

FEES:

Sessions are 50 minutes in length. Payment for sessions can be done one of three ways. Receipts will be given upon when payments are received.

1. Cash at the of each session or
2. Email money transfer prior to each session (sent to alyse@therativity.com) or
3. Credit card at the end of each session. Please note there is a discount if paying with cash.

The services of a Registered Social Worker are HST exempt.

Sessions can be rescheduled with 48 hours at no additional charge. A 10% rescheduling charge will be applied for changes within 24-48 hours. If a session is missed with less than 24 hours' notice you will be charged the full amount of the session.

If you arrive late for a session you will be charged the full amount for the session.

If fees remain unpaid, the file will be handed to a collection agency or legal proceedings.

EMERGENCIES:

If need be you can contact Alyse to see if she is available for a consult or an emergency appointment. However, please recognize that Alyse's availability is subject to other clients and appointments. Alyse will return your call as soon as possible. If you cannot wait you can contact: **Oakville Trafalgar Memorial Hospital:** 905-845-2571 *ask to speak to the Emergency Room or the crisis worker

Halton Children's Aid Society: 905-333-4441

Halton Police Services: 905-825-4747

Kids Help Phone: 1-800-668-6868

Please sign below to indicate that you have read the above policies and understand this agreement.

Signature: _____

Date: _____

Printed name: _____

D.O.B: _____

Signature of Parent or Guardian (if applicable): _____

Date: _____

Witness: _____

Date: _____