

# Tammy Skomorowski, MEd, CCC, CSLC

Counsellor, Spiritual Life Coach, Facilitator

1590 9th Ave, Prince George, BC V2L 5T3

**250.614.3737**

**trues3lfp@gmail.com**



**True Self**  
*Wellness for mind, body & spirit.*

## COUNSELLING INTAKE FORM

### PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Cell Phone

OK to Leave Message?

Yes

No

OK to Text Message?

Yes

No

\_\_\_\_\_  
Home Phone

OK to Leave Message?

Yes

No

\_\_\_\_\_  
Work Phone

OK to Leave Message?

Yes

No

\_\_\_\_\_  
Email

OK to Send Email?

Yes

No

Would you like to be added to the email list for upcoming events, workshops & classes? Yes  No

How did you hear about us? (Please check ONE box)

Referral  Doctor  Internet Search  Other  Referred by? \_\_\_\_\_

Payment Preference: Cash  credit/debit card  e-transfer

Please make e-transfer password: **trues3lf**

Name you want on the receipt: \_\_\_\_\_

### MEDICAL INFORMATION

Physician Name

Contact Information

\_\_\_\_\_

List of Medical Conditions (including Mental Health diagnoses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been to counselling before? Yes  No

If yes: For what? When? How long? Why discontinue?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT

Name

Phone Number

Relationship

\_\_\_\_\_

## PRACTICE STANDARDS

The fee for service is \$120 + GST = \$126.00 for a fifty-minute (approximate) session. This is based on the personalized service you require and will receive. We currently accept cash, debit, credit or e-transfer. If paying by e-transfer please transfer full payment to: trues3lfg@gmail.com before the session and use password: trues3lf. If paying by cash, debit or credit card, full payment is required at the end of each session. Our Insufficient Funds (NSF) fee is \$50.00. Many extended health plans cover counselling sessions with a Canadian Certified Counsellor (CCC #9838). Clients will pay for their counselling services directly and then are responsible to submit their claim to their insurance provider. Please note that it is the client's responsibility to ensure their coverage prior to beginning our work together.

Please Initial \_\_\_\_\_

## CANCELLATION POLICY

Clients must provide a minimum of 24 hours notice for all cancellations. You will be charged the full session fee for missed or cancelled appointments unless you have given 24-hours notice by telephone or email. We aim to support people in the best way we can and being available to clients is important.

Please Initial \_\_\_\_\_

## CRISIS SUPPORT

In the event of a counselling crisis and you are unable to reach me please call the 24-hour Crisis Line at 250-563-1214.

## COMPLAINTS

I am registered with the Canadian Counselling and Psychotherapy Association (CCPA) (CCC # 9838). If you have any complaints about my professionalism and/or ethics, you may make a formal complaint to the CCPA.

***By signing below, I indicate that I have fully read, understand and agree with the above.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Please Print) \_\_\_\_\_

Legal Parent or Guardian (if under 19 years old) \_\_\_\_\_

Witness (Counsellor Signature) \_\_\_\_\_