

Tammy Skomorowski, MEd, CCC, CSLC

Counsellor, Spiritual Life Coach, Facilitator

206-1396 5th Avenue

Prince George, British Columbia, V2L 3E7

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 Cheque 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 \$110 + GST (\$115.50) for a fifty-minute (approximate) session. This is based on the personalized service you require and will receive. We currently accept cash, cheque, debit, credit or e-transfer. If paying by e-transfer please transfer full payment to: financial@trues3lf.ca before the session and use password: **trues3lf**. If paying by cash or cheque, full payment is required at the end of each session. Our Insufficient Funds (NSF) fee is \$35.00. 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)