



DAVID CHONG, MSW, MA, BSW, RSW, RCC
 Registered Clinical Counsellor
 Registered Social Worker
<http://www.davidchongcounselling.ca>

Please fill out as much as you can

CLIENT INFORMATION

| | | | |
|-------------------|---------------|-------------------|-------------|
| Name | (First) | (Middle) | (Last) |
| Date of Birth | D /M /Y | Gender | Male/Female |
| Address | | | |
| Telephone | Cell | Home | |
| Email Address | Care Card No. | | |
| Third Party Plan | Yes/No | Insurance Company | |
| Emergency Contact | Name | Relationship | Phone |
| Referred by | | | |

MARITAL / FAMILY BACKGROUND

| | | | |
|--------------------------------|--|-----------------------|--------|
| Marital Status | Married/Divorced/Common-law/Single/Separated/Widowed/Unknown | | |
| Partner's Name | (First) | (Middle) | (Last) |
| Date of Birth | D /M /Y | Length of Partnership | |
| Previous Marriages/Partnership | | | |
| Date of Marriage | Length of Partnership | Reason for Separation | |
| | | | |
| Children | | | |
| Name | Age | Date of Birth | |
| | | | |
| Current lives with | | | |

MEDICAL HISTORY

| | |
|----------------------|--|
| Family Doctor | |
| Medical Condition(s) | |

THERAPEUTIC GOALS

| |
|-----------------------|
| Presenting Problem(s) |
|-----------------------|

CURRENT FUNCTIONING

Please describe the following aspects:

| | |
|---|--|
| Work Task How do you feel about work/school? Why? | |
| Self How do you feel about yourself as a person? | |
| Spirituality What role dose your beliefs play in your life? | |
| Love/Intimacy Task Describe your current intimate relationship. | |
| Social Task Describe your social life. | |

Collection and Storage of Personal Information

Storage and collection of client information is in accordance with the personal information protection act (PIPA) and in accordance with associations' guideline. All the information will be stored in Owl Practice which is an information management system designed specifically for counselling industry.

Confidentiality

Personal information gathered in the course of counselling will not be disclosed except as follows:

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

In order to provide better service, the therapist may discuss your sessions with other health care professions or family members under your consent.

| Name | Relationship | Contact |
|------|--------------|---------|
| | | |
| | | |
| | | |

*please informed that by initialling here that you permitted your therapist to discuss your case with the above person(s).

Fees

Fees are listed in the brochure and website (www.davidchongcounselling.ca) and only cash is accepted. The service is GST exempt. The cost of counselling sessions may be covered through your extended health plan, please contact your plan administrator for more information.

Cancellation Policy

Please contact the therapist as soon as possible if you would like to cancel the appointment.

| <i>Cancellation</i> | <i>Charged</i> |
|---------------------------|------------------|
| Less than 48 hours notice | Half session fee |
| Less than 24 hours notice | Full session fee |
| Missed appointment | Full session fee |

Consultation

The therapist may consult your case with other professional(s) or use your case in teaching purpose. Your identifying characteristics including name, age, sex and some details about your story will be changed in the above situation. If you DISAGREE, please initial here _____.

Client Right

Please note that you have the right to withdraw this consent at any time. You also have the right to refuse particular counselling interventions.

Enquiry

If you have any enquiry about the counselling sessions, please feel welcome to talk to the therapist. If you would like to talk to someone else, you may contact the following associations:

- ❖ British Columbia College of Social Workers
- ❖ British Columbia Association of Clinical Counsellors
- ❖ British Columbia Association of Social Workers
- ❖ American Association for Marriage and Family Therapy
- ❖ Canadian Society of Clinical Hypnosis
- ❖ Hong Kong Social Workers Registration Board

I have read, understand and agree with the above.

Signature

Print name

Date

*For client aged under 19, the form should be signed by the parent/legal guidance.