



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 請盡量填寫

CLIENT INFORMATION 個人資料

Name 姓名	(Last 姓) (First 名)	Date of Birth 出生日期	D /M /Y
	(中文)	Gender 性別	Male 男/Female 女
Address 地址			
Telephone 電話	Cell 手提	Home 住家	
Email Address 電郵地址		Care Card No. 醫療咭號碼	
Third Party Plan	Yes/No	Insurance Company 保險公司	
Emergency Contact 緊急聯絡人	Name 姓名	Relationship 關係	Phone 電話號碼
Referred by 轉介人			

MARITAL / FAMILY BACKGROUND 婚姻及家庭狀況

Marital Status 婚姻狀況	Married/Divorced/Common-law/Single/Separated/Widowed/Unknown 已婚/離婚/同居/單身/分居/守寡/無定義		
Partner's Name 配偶姓名	(English)	(中文)	
Date of Birth 出生日期		Length of Partnership 關係維持時間	
Previous Marriages/Partnership 已往的婚姻或伴侶關係			
Date of Marriage 結婚日期	Length of Partnership 關係維持時間	Reason for Separation 離婚原因	
Children 子女			
Name 姓名	Age 年齡	Date of Birth 出生日期	
Currently lives with 你現在與何人居住:			

MEDICAL HISTORY 健康狀況

Family Doctor 家庭醫生	
Medical Condition(s) 病歷:	

THERAPEUTIC GOALS 治療目標

Presenting Problem(s) 現有問題是:

CURRENT FUNCTIONING 現時生活運作

Please describe the following aspects. 請形容以下方面:

Work Task 工作方面: 你感覺你的工作/學業如何? 為甚麼?	
Self 自我方面: 你覺得自己是怎樣的人?	
Spirituality 心靈方面: 你的信仰/信念在你生命中 扮演甚麼角色?	
Love/Intimacy Task 愛情/親密關係: 請形容你現時的親密關係。	
Social Task 社交方面: 請形容你現時的社交生活。	

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.