welcome client record

Last Name: _____ First Name: _____ Date of Birth: _____ (MM/DD/YYYY)
Address: _____ City: _____ Province: _____ Postal Code: _____
Home Telephone: _____ Can we call? ☐ **Yes** ☐ **No** Can we leave a message? ☐ **Yes** ☐ **No**
Work Telephone: _____ Can we call? ☐ **Yes** ☐ **No** Can we leave a message? ☐ **Yes** ☐ **No**
Other # (please specify): _____ Can we call? ☐ **Yes** ☐ **No** Can we leave a message? ☐ **Yes** ☐ **No**
Employer Name: _____ Occupation: _____

Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widow/Widower
Spouse/Partner's Name (if applicable): _____ Date of Birth: _____ MM/DD/YYYY)
Children: _____ Date of Birth: _____ (MM/DD/YYYY)
_____ Date of Birth: _____ (MM/DD/YYYY)
_____ Date of Birth: _____ (MM/DD/YYYY)

Next of Kin (other than spouse/partner): _____ Relationship: _____
Telephone # in case of emergency: _____

Name of Family Physician: _____ Telephone: _____

STATEMENT OF UNDERSTANDING

Please take a few minutes to read the following regarding counselling services provided to you by Stacey Hewgill, Registered Social Worker.

CONFIDENTIALITY

All discussions with the counsellor and records are confidential and will not be shared with your employer, family members, or any other person/organization without your permission. There are certain serious conditions which law requires that this confidentiality must be broken:

- when child abuse is suspected,
- when one is a serious threat of harm to others or to oneself, or
- by court order

If you have any questions or concerns, please speak to your counsellor. If you do not wish to continue with counselling for any reason, including the conditions listed above, please advise your counsellor immediately and the counselling session will be terminated.

I, _____ *(please print full name)*, hereby acknowledge that I have read and understand the information regarding confidentiality and I agree to give at least 24 hours notification if I must cancel or change any of my scheduled appointments.

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

STACEY HEWGILL

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