

# Pathway Christian Counselling

P.O. Box 806, Cornwall, PE COA 1H0  
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## **INITIAL INFORMATION:**

Counselling generally happens in a series of 50-60 minute sessions, usually ranging in duration from six to eight sessions. This form enables initial assessment and consultation. In the first session, you will discuss your presenting issues with the counsellor, and together you will determine your best counselling route.

Please PRINT, answering all questions as completely as you can, and bring the form to your first appointment.

## **PERSONAL INFORMATION:**

Name \_\_\_\_\_ Today's date \_\_\_\_\_  
Address \_\_\_\_\_  
Birth date \_\_\_\_\_  
Contact Information, Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

## **FAMILY INFORMATION:**      None \_\_\_\_\_ OR :

Partner's Name: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ How long? \_\_\_\_\_  
Children (names, ages): \_\_\_\_\_  
\_\_\_\_\_

## **FAMILY INFORMATION (PLEASE FILL OUT IF YOU ARE UNDER 18 YEARS OLD):**

Parents: \_\_\_\_\_  
Siblings (names, ages): \_\_\_\_\_  
\_\_\_\_\_

## **AFFILIATIONS:** None \_\_\_\_\_ OR:

Name of church \_\_\_\_\_  
I attend regularly \_\_\_\_\_ I attend occasionally \_\_\_\_\_ I rarely attend \_\_\_\_\_  
Other groups or organizations: \_\_\_\_\_  
\_\_\_\_\_

**REFERRAL INFORMATION:** How did you hear about this office? Church/pastor \_\_\_\_\_  
Internet \_\_\_\_\_ Brochure \_\_\_\_\_ Newspaper \_\_\_\_\_ Seminar \_\_\_\_\_  
Friend \_\_\_\_\_ Other Agency \_\_\_\_\_ (Please Specify) \_\_\_\_\_

**PREVIOUS COUNSELLING:** None \_\_\_\_\_ OR:  
Counsellor/ Agency \_\_\_\_\_  
Location \_\_\_\_\_ Duration \_\_\_\_\_  
Issue \_\_\_\_\_

**RELEVANT MEDICAL INFORMATION:** None \_\_\_\_\_ OR:  
Doctor \_\_\_\_\_  
Location \_\_\_\_\_  
Medical Condition \_\_\_\_\_  
Are you currently taking medication for this condition? Yes No

**PRESENT COUNSELLING DETAILS:**  
Briefly describe the issue(s) you want to discuss with the counsellor.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are the best possible times for you to attend counselling sessions?  
Preferred days of the week \_\_\_\_\_ Morning, afternoon, or evening \_\_\_\_\_

## Policies

**OUR PASSION** is to provide meaningful help that is life-transforming. We are dedicated to guiding you through issues and problems as thoroughly and rapidly as possible. Through education, professional experience, and a genuine heart to help, we are committed to responding to your needs effectively with a straightforward yet kind manner. Successful counselling also requires that the client be dedicated to openness and honesty.

**CONFIDENTIALITY**

All communication between you and the counsellor is held in strictest confidence and will not be released to anyone without written permission. Reports to physicians and insurance companies will not divulge personal material that has been given in confidence unless directed otherwise by the client. The only exception to confidentiality is the legal requirement to report situations of child abuse or threat of violence or harm to oneself or others. In some situations, it is also possible for client files to be subpoenaed by the Court. It is understood that the counselor may consult with peer counselors or supervisors. Any release of information beyond these conditions will require a separate consent form signed by the client.

**APPOINTMENTS & SESSION FEES**

Office hours are flexible, which allows for some evening sessions. Please call or email to make an appointment or decide at a previous session. A regular session is 50-60 minutes in length. We do not provide outpatient emergency response.

While we strive to keep costs as low as possible, we recognize that the therapeutic relationship is an investment by both parties. The fee is \$120.00 per session for individuals, couples or families. A counselling session with an intern is \$70.00. Like most counsellors, we will not bill directly to insurance companies. Prior to booking an appointment, please check with your provider about possible coverage by providing the company with Dwight's credentials and license number (MA, Canadian Certified Counsellor with the Canadian Counselling and Psychotherapy Association #10001780; Counselling Therapist #238 with the College of Counselling Therapy PEI).

By signing below, you are agreeing to be fully responsible to pay for all services rendered and to pay in full at the time of appointment, unless other arrangements have been made. Extensive telephone and email communication is also billable time, (as well as requested letters, reports or documents), upon the discretion of the counsellor. Cash, cheques or etransfers are accepted.

**CANCELLATIONS**

Please provide 24 hours notice if you are unable to keep an appointment. In the event of late cancellations or missed appointments, a fee of half the session cost may be billed to your account. In the event of inclement weather or an emergency on behalf of the therapist, you will be contacted in advance to reschedule your appointment.

**I have read and understand the above statements, and agree to pay the stated fees.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Client

Witnessed: \_\_\_\_\_ Date \_\_\_\_\_  
Counsellor

.....  
**Parent/Guardian of Minor (under 16):**

I/We \_\_\_\_\_ parent(s)/guardian(s) of \_\_\_\_\_,  
a minor child, hereby voluntarily grant permission to \_\_\_\_\_ to provide services to  
our child. I/we understand that such permission may be revoked, in writing, at any time.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_