

Part 1: Client Information

Tell us a little bit about you, or the person who will be attending counselling. All fields are required unless noted.

<p><input type="checkbox"/> I am registering for counselling on behalf of someone else, and I have permission to do so</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Address: _____</p> <p>City: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Occupation: _____</p> <p>Date of Birth: _____ <small>(Month–Day–Year)</small></p> <p>Treaty Status: <input type="checkbox"/> Yes, I have treaty status.</p> <p>Band name: _____ Treaty number: _____</p> <p>Veteran Status: <input type="checkbox"/> Yes, I am a veteran.</p>	<p><i>If you are completing this form on behalf of someone else who will be receiving counselling, you will be asked to provide your contact information in Part 3.</i></p> <p>Email Address: _____</p> <p><input type="checkbox"/> Yes, I would like to receive emails from Calgary Counselling Centre. Your email address will only be used to contact you about your appointments and for information about CCC programs.</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Home Phone</p> <p>Preferred Contact Method: <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone</p> <p>Discreet Messages Our phone number does not show up in caller ID. We can also leave voicemail messages without identifying ourselves for your privacy and confidentiality.</p> <p><input type="checkbox"/> Please do not identify as Calgary Counselling Centre when leaving a voicemail.</p>
<p>Previous Counselling Experience: <i>If yes, did Calgary Counselling Centre provide this counselling?</i></p> <p><input type="checkbox"/> I have previously received counselling <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Emergency Contact Name: _____ Emergency Contact Phone Number: _____</p>	

Part 2: Reasons for Counselling

What is bringing you in for counselling?

Do you have any preferences for a counsellor? (optional)

Age, gender, etc.; we will do our best to accommodate preferences based on our counselling staff.

How long has this been a problem? 1–6 months 6–12 months 1–2 years 2–3 years
 3–4 years 4–5 years 5+ years

Has this situation been getting worse?

I am interested in counselling for: Myself My partner and I My child/children My family

My preference for counselling is: In-person Online

My availability for counselling is: Anytime Days Evenings Saturdays

Who referred you?

- | | | |
|---|--|--|
| <input type="checkbox"/> Access Mental Health | <input type="checkbox"/> Client outreach | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Distress Centre | <input type="checkbox"/> Doctor | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Existing client | <input type="checkbox"/> External professional | <input type="checkbox"/> Family court |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Lifemark |
| <input type="checkbox"/> Millard Health | <input type="checkbox"/> Primary Care Network | <input type="checkbox"/> Probation |
| <input type="checkbox"/> School/teacher | <input type="checkbox"/> Self | <input type="checkbox"/> Sheldon M. Chumir |
| <input type="checkbox"/> Victim assistance unit | <input type="checkbox"/> WCB | <input type="checkbox"/> Word of mouth |

Part 3: Family & Household

This information helps us match you with a counsellor that best fits your needs.

- | | | | | | |
|-----------------------------|-------------------------------------|------------------------------------|---------------------------|---|---|
| Relationship Status: | <input type="checkbox"/> Single | <input type="checkbox"/> Married | Employment Status: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| | <input type="checkbox"/> Common law | <input type="checkbox"/> Partners | | <input type="checkbox"/> Casual | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Engaged | <input type="checkbox"/> Separated | | <input type="checkbox"/> On disability leave | <input type="checkbox"/> Full-time student |
| | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | | <input type="checkbox"/> Not employed, looking for work | <input type="checkbox"/> Not employed, not looking for work |
| | <input type="checkbox"/> Don't know | | | <input type="checkbox"/> Other: _____ | |

Annual household income:

- _____
- My income is from AISH or Alberta Works

The session fees are based on your household income and ability to pay. Nobody is turned away based on their ability to pay. If you are on AISH or Alberta Works, please include that income. Please give your best estimate.

Please add up the incomes of all adults contributing to your household income.

People attending counselling

Please list people who may participate in counselling below. If you are completing this form on behalf of someone else who will be receiving counselling, please include your information below.

<p>First Name: _____</p> <p>Their relationship to you:</p> <table border="0"> <tr> <td><input type="checkbox"/> Child</td> <td><input type="checkbox"/> Adult child</td> </tr> <tr> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Spouse/partner</td> <td><input type="checkbox"/> Step-parent</td> </tr> <tr> <td><input type="checkbox"/> Former partner</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td><input type="checkbox"/> Aunt</td> <td><input type="checkbox"/> Uncle</td> </tr> <tr> <td><input type="checkbox"/> Cousin</td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/> Roommate</td> <td></td> </tr> </table> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Address: <input type="checkbox"/> Their address is the same as my address</p> <p>City, Province: _____</p> <p>Postal Code: _____</p>	<input type="checkbox"/> Child	<input type="checkbox"/> Adult child	<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Former partner	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Roommate		<p>Last Name: _____</p> <p>Email Address: _____</p> <p>Phone Number: _____</p> <p>Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> <p>Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone</p> <p>Discreet Messages Our phone number does not show up in caller ID. We can also leave voicemail messages without identifying ourselves for your privacy and confidentiality. <input type="checkbox"/> Please do not identify as Calgary Counselling Centre when leaving a voicemail.</p> <p>Date of Birth: _____ (Month–Day–Year)</p> <p>Notes:</p>
<input type="checkbox"/> Child	<input type="checkbox"/> Adult child														
<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent														
<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Step-parent														
<input type="checkbox"/> Former partner	<input type="checkbox"/> Grandparent														
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<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend														
<input type="checkbox"/> Roommate															

First Name:	_____	Last Name:	_____
Their relationship to you:	<input type="checkbox"/> Child	<input type="checkbox"/> Adult child	Email Address:
	<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent	_____
	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Step-parent	Phone Number:
	<input type="checkbox"/> Former partner	<input type="checkbox"/> Grandparent	_____
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	Phone Type:
	<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<input type="checkbox"/> Roommate		Preferred Contact Method:
			<input type="checkbox"/> Email <input type="checkbox"/> Phone
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	_____
Address:	<input type="checkbox"/> Their address is the same as my address		(Month–Day–Year)
City, Province:	_____	Notes:	
Postal Code:	_____		

If additional people will be attending counselling, please attach additional pages as needed with the same information as above.

Part 4: Insurance

Do you have insurance to cover counselling?	<i>The information you provide in this section helps us assign you to a counsellor acceptable to your insurance provider.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Company Name:	Please note Calgary Counselling Centre is only able directly bill Alberta Blue Cross and Medavie Blue Cross. For other insurers, we provide a receipt that you can submit to your insurance provider for reimbursement. Please check back on our website for other providers.	

Group/Policy Number:	ID Number:	
_____	_____	
Does your insurance provider have specific requirements?		
<input type="checkbox"/> Registered Social Worker	<input type="checkbox"/> Registered Psychologist	<input type="checkbox"/> Other: _____
If you will be using a secondary insurance plan, please complete this section.		
Insurance Company Name:	Please note Calgary Counselling Centre is only able directly bill primary insurance providers. For secondary insurance plans, we provide a receipt that you can submit to your insurance provider for reimbursement. Please check back on our website for other providers.	

Does your secondary insurance provider have specific requirements?		
<input type="checkbox"/> Registered Social Worker	<input type="checkbox"/> Registered Psychologist	<input type="checkbox"/> Other: _____

Part 5: Counselling Questionnaire

The following questions are asked to everyone, and may or may not apply to you.

Is English your first language? (optional)

- Yes No

Our language offerings vary depending on our staffing. We do our best to accommodate specific requests.

What languages do you speak at home? (optional)

- | | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Afrikaans | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Czech | <input type="checkbox"/> Dutch | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hungarian |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ | |

Are you or any family member coming for counselling currently in treatment for any medical problem, including taking medication of any type?

- Yes No

Prescription medications can sometimes affect one's mental health. This can be important for your counsellor to know about. Brand names are not necessary.

Please explain:

Is there a concern about the use of any of the following?

- Alcohol Prescription drugs Non-prescription drugs Gambling

Please explain:

Is there a concern about violence? Either towards you or from you?

- Yes No

Is there a concern about suicide?

- Yes No

Rate concern for violence on a scale of 1–10

- 1 2 3 4 5 6 7 8 9 10

Rate concern for suicide on a scale of 1–10

- 1 2 3 4 5 6 7 8 9 10

Is there any additional information you would like to give us? (optional)

Part 6: Final Information

We use this **optional** information to evaluate and improve our programs, and to improve the services we provide you. We appreciate you taking the time to complete this section.

How did you find out about us?

- 211
- Bus ad
- Facebook
- Internet search
- Newspaper ad
- Poster/brochure
- School
- TV or radio show
- Word of mouth
- Other: _____
- Billboards
- Employee assistance program
- Family physician
- LinkedIn
- News/magazine article
- Probation
- TV or radio ad
- Twitter
- Yellow Pages

Why did you choose us?

- Cost of service
- Easy to access
- Friendliness of call centre staff
- Insurance
- Language of service
- Online reviews
- Reputation
- Other: _____
- Counsellors I can relate to
- Flexibility of time schedule
- Hours of service
- Lack of waiting period
- Location
- Previous contact
- Website

Including yourself, how many people live in your household?

Adults: _____ Children: _____

Are you paying more than 25% of your take home pay for rent or mortgage payments?

- Yes
- No
- Prefer not to say

What is your ethnic background?

- African/Caribbean
- Caucasian/European
- Filipino
- Inuit
- Korean
- Métis
- Southeast Asian
- Other: _____
- Arab/Middle-Eastern
- Chinese
- First Nations
- Japanese
- Latin American
- South Asian
- West Asian

Highest level of education:

- Some high school or less
- High school graduate
- Some college or technical school
- College or technical school graduate
- Some university
- University undergraduate degree
- Post-graduate degree/Masters/PhD
- Prefer not to say

Were you born in Canada?

- Yes
- No

Would you consider yourself a visible minority?

- Yes
- No

Would you consider yourself any of the following?

- Able bodied
- Person with physical disability
- Person with mental disability
- Person with mental and physical disability

Please email this form to contact.intake@calgarycounselling.com or fax it to 403.265.8886

Shortly after this form is received, we'll contact you to set up an appointment with one of our counsellors