



NEW CLIENT INTAKE FORM

Welcome to the Waterloo CBT Clinic. We want to make the most of each appointment you have with us. One way of doing this is for you to provide us with some basic information in advance of your first appointment. Please fill out the following fields as completely as possible. This information is used as part of the assessment and is kept confidential.

Name: _____	Date of Birth: _____
Telephone: Home: _____ May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell: _____ May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No Work: _____ May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: _____	
Email Address: _____	May we contact you at this email address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Doctor: _____	Phone: _____
Address: _____	
Emergency Contact: _____	Phone: _____
Relationship to you: _____	
Relationship status (check all that apply): <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Other (specify): _____	
If in a relationship, partner's name: _____	Years in relationship: _____
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children do you have: _____
Please list everyone who lives in your home:	
Name	Age
Gender	Relationship to you

Please describe any significant current or past medical problems:

Please list any medications you currently take:

Medication:	What is it for?	Dose:	How long have you been taking:
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Have you had previous psychological treatment or therapy? Yes No

Name of clinician:	Date of treatment:	Focus of treatment:	Was it helpful?
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In your own words, what is the primary concern that you wish to address in therapy?

In order for therapy to be most effective, it helps to have a clear and specific goal for what you would like to work on. It can be challenging to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with your therapist. Feel free to list more than one goal if you wish.



CLIENT INFORMATION & CONSENT FORM

570 University Avenue East, Suite 903, Waterloo, ON, N2K 4P2

Phone: 226-686-0848 • Email: info@waterloocbt.ca • Website: waterloocbt.ca • Fax: 226-686-0870

Assessment & Therapy Process

During the first one or two sessions, your therapist will conduct an assessment of the difficulties that have brought you to the Waterloo CBT Clinic. During this assessment, your therapist will ask you a number of questions to develop an understanding of your unique concerns and circumstances. Although these questions are important as they help us learn about you and are used to formulate a treatment plan, you may decline to answer any questions you are not comfortable with. Following the assessment, your therapist will provide feedback and discuss a treatment plan with you.

The Waterloo CBT Clinic specializes in a form of psychological treatment known as cognitive behavioural therapy (CBT). CBT is a psychological treatment that has been scientifically proven to be effective for a wide variety of mental health difficulties. The goal of CBT is to identify and modify unhelpful thoughts and behaviours that may be contributing to emotional difficulties and keeping you stuck. CBT is based on the premise that how we think (e.g., our beliefs and assumptions) impacts our feelings and behaviours. In CBT, you work collaboratively with your therapist to learn skills and strategies for dealing with unhelpful thoughts and behaviours. A standard course of CBT lasts for 8 – 20 sessions, which typically take place once per week. The number of sessions varies from person to person, depending on the types of difficulties experienced and treatment goals.

In the event that your therapist is unable to provide treatment for the difficulties you experience or if CBT is not considered the treatment of choice, they will recommend other treatment providers either within the Waterloo CBT Clinic or in the community.

Psychological treatment, including CBT, is an active process. In order to see improvements, it is essential to make therapy a priority and set aside time for regular attendance to treatment sessions, as well as between session practice.

Privacy

Protecting your personal information is something that we take very seriously at the Waterloo CBT Clinic. The storage, retention, and destruction of your personal information complies with provincial legislation and with the standards set forth by our regulatory body (College of Psychologists of Ontario). If you would like to review a copy of our privacy policy, please ask your therapist or visit our website at www.waterloocbt.ca. Please do not hesitate to ask questions about how your personal health information is stored.

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Benefits, Risks & the Voluntary Nature of Psychological Services

The purpose of psychological services, including assessment and therapy, is to improve your emotional and psychological health. Benefits of psychological services can include receiving a diagnosis (if applicable), improving your understanding of yourself and your experiences, learning skills and strategies to cope with and/or overcome mental health symptoms, and experiencing relief from mental health symptoms. Although many people who participate in therapy experience significant and long-lasting benefits from doing so, no therapy can guarantee results and it is possible that our services will not work for you. In rare instances, it may make your symptoms worse. Psychological assessment/treatment can also stir up powerful emotional experiences or feelings of discomfort; such experiences are usually short-lived and our goal is not necessarily to avoid such experiences.

Participation in psychological services is voluntary and you may withdraw at any time. If you are considering withdrawing from assessment/therapy, please speak with your therapist as they may be able to address your concerns or provide you with additional resources. During treatment, your therapist may suggest different strategies but you may refuse any suggestions made by your therapist. We encourage you to raise any concerns about your treatment with your therapist.

Confidentiality

The information that you share with your therapist is kept strictly confidential. This means that we will not release information about you outside of the Waterloo CBT Clinic without your explicit consent. There are, however, several exceptions to confidentiality, as follows:

1. If there is reason to believe that you are at serious and imminent risk of harming yourself or another person. Keeping yourself and others safe is always our first priority.
2. If there is reason to believe that a child under the age of 16 has been harmed or is at risk of being harmed, your therapist is obligated to report this to the local children's aid society. This includes physical abuse, sexual abuse, emotional abuse, and/or neglect.
3. If we learn that someone has been sexually abused by a registered health professional, this must be reported to that professional's regulating body. This can be done without providing your name.
4. If your file is subpoenaed, we are legally required to comply with court orders for the release of records.
5. If there is reason to believe that a resident of a retirement home or long-term care facility has been harmed, put at risk of harm, abused, or neglected, this must be reported to the Ministry of Health and Long-Term Care,.
6. If our files are audited by our regulatory body, your file could be reviewed for quality assurance purposes. Such a review would be focused on ensuring that your therapist is following proper guidelines and record keeping policies.

Emergency Situations

The Waterloo CBT Clinic generally operates during regular business hours and does not provide emergency or crisis support. If you are experiencing an urgent matter or are in immediate danger, please call a local distress line, 911, or go to the nearest emergency room.

Session Fees

Your therapist will discuss with you fees for service and payment options prior to commencing services. The services provided by a private psychologist are *not* covered by provincial health care plans (OHIP). If you fail to pay your fees for services rendered, your therapist reserves the right to give your name and the amount due to a collection agency.

Cancellation Policy

We require *48 hours' notice* for cancelling or rescheduling appointments. Except in cases of emergency, cancellations with less than 48 hours' notice will be billed at the standard hourly rate. Please note that insurance companies typically do not provide reimbursement for missed appointments.

Electronic Communication/Online Policies

Email: Email is not a confidential form of communication. For this reason, please avoid sending information related to your treatment by email. Email can be used for scheduling purposes but other uses are discouraged.

Text Messaging: The Waterloo CBT Clinic does not use text messaging to communicate with clients.

Social Media: It is our policy not to accept friend or contact requests on social networking sites from current or past clients. Such relationships compromise confidentiality and have the potential to blur the boundaries of our professional relationship. The Waterloo CBT Clinic does have professional pages on certain social media platforms; you may choose to follow us, although you are not expected to do so.

Acknowledgement & Consent

Your signature below indicates that you have reviewed and understand the information above and have had the opportunity to ask questions. By signing this form, you give your voluntary consent for participation in psychological assessment/treatment.

Name (please print):	
Signature:	
Date:	
Witness:	

Please be aware that insurance companies sometimes contact our clinic requesting confirmation of services for claims that have been submitted by a client (i.e., services received, dates, duration, fees). Please sign below to acknowledge that the Waterloo CBT Clinic may confirm this type of information if a query is received from your extended healthcare benefits insurer. If your insurance company requests additional information about your care, this will be discussed with you prior to responding to the insurer.

Signed: _____

Date: _____