



Spiral Way
COUNSELLING

Tracy Sutton, MSc
Registered Psychologist

Today's date: _____

Name: _____

Date of birth: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone #'s:	Home:	_____	Messages OK: Yes No
	Cell:	_____	Messages OK: Yes No
	Other:	_____	Messages OK: Yes No

Please provide other specific instructions regarding contact (i.e. no mail with return address, details to be used in phone messages etc...) _____

E-mail: _____ (Please note that e-mail is not a secure form of communication and that e-mails will not be responded to immediately.)

Emergency contact: (e.g. In case of medical emergency, high risk of suicide)?

Name: _____
Phone: _____
Relationship: _____

Referral Information: (who referred you to this service?)

Name: _____
Phone: _____

Reason for Referral: _____

Do I have your permission to thank this person for the referral? Yes No

Family Physician: _____ Phone: _____
Current Medications and impact: _____

Treatment

1. Have you ever received psychological, psychiatric or counselling services before? ___No___Yes
Explain: _____

2. Have you ever taken medications for psychiatric or emotional problems? ___No___Yes
Explain: _____

3. Legal history: Are you currently involved in legal proceedings? ___No___Yes
Explain: _____

Please use the back of form to record further information



Tracy Sutton, MSc
Registered Psychologist

Informed Consent

The information on this form is to outline expectations/limits to confidentiality, services payment agreement and consent to treatment.

Confidentiality: Counseling sessions are confidential and as such, the psychologist will not talk with others about what is discussed in therapy nor share information about your attendance at appointments without your written permission. However, there are some exceptions to confidentiality that you should be familiar with. They are:

- 1) If you describe suspected or actual abuse of a child or a dependent adult, the psychologist is required to report this to the appropriate authorities and break confidentiality. A dependant adult is someone under the care of a publicly funded provider (i.e. hospital, seniors home, mental health facility). Abuse may include but is not limited to: physical, sexual, emotional and neglect.
- 2) If you suggest an intention to seriously harm yourself or somebody else, the psychologist needs to take steps to prevent this.
- 3) If you are involved in legal proceedings and the courts subpoenas your file.
- 4) If you are a minor or a dependent adult, your guardian has the right to access information in your file and limit the extent of confidentiality.

Couples Counseling: If engaged in couple's counseling, information shared by one partner in a separate session may be shared with the other partner in joint sessions. The psychologist will not keep secrets and intends to serve the best interests of the relationship.

Consultation: At times, the psychologist may consult with another registered psychologist in order to provide you with the best possible service and support. The psychologist will take care not to discuss identifying details about you.

Payment for Services

A fee of \$200.00 per 50-minute session is charged as per the recommended fee schedule published by the Psychologist's Association of Alberta. For sessions longer in length, fees are charged on an incremental basis and will be discussed prior to commencement of extra time. Payment is required at the end of each appointment made by either cash or cheque. A receipt will be issued upon payment. This may or may not be covered by your insurance health plan.

Cancellations or requests for re-schedule require 72 hours notice or full rate for the session will be charged. Additional Information
re:fees/payment: _____

Consent to Treatment

I consent to take part in counselling with Tracy Sutton, Registered Psychologist. I agree to play an active role in the process of counseling and understand that I have the right to determine the pace and rhythm or our work together and to refuse any intervention suggested by this counsellor. I am invited to discuss how counseling is progressing and what may have been particularly helpful or distressing. Since the effectiveness of therapy depends on my participation as a client in addition to the therapist's, I agree that no promises have been made to me regarding the results of treatment or any interventions provided by this therapist. I am aware that I may stop my treatment with this therapist at any time.

By signing this form you are indicating that you have read through, understood and agreed to the above information.

Client Name (Please Print): _____

Client Signature: _____

Date: _____