Intake

Name: Birthdate:
Address:
Telephone: Email:
Please indicate if you are comfortable with voice/text messages: yes/no
Physician: Medications:

Current concerns that you wish to address in therapy:

Your perception and hope for possible outcomes in therapy:

Physical Health Concerns:

Mental Health Concerns (current and past):

Please indicate if you have ever had a formal mental health diagnosis: yes/no

Alcohol/Drug use (current and past):

Spiritual beliefs/practices:

Significant Supports:

Previous Counselling Experience:

How did you hear about my services:

CONFIDENTIALITY:

The therapeutic relationship is confidential with three exclusions required by law:
*child welfare concerns
*imminent medical emergency or risk of harm to self or other
*subpoena by court order

Brief written records are kept of client sessions. These records are available to you to see upon written request. In order to support the effectiveness of my practice I also consult periodically with a supervisor. The supervisor adheres to the same ethical guidelines with regard to confidentiality.

CONSENT FOR THERAPY:

Signature____

Date ____________________

Charmaine Husum, DKATI, RTC, CT

Centre of the Heart Art Therapy Services
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