



**Ros Best Counselling**  
Effective Online and In-Person Counselling for Couples, Individuals and Families

## Intake & Informed Consent – Form for Individuals

**Please note:** any information you provide here or in session will be held in strictest confidence, and only shared upon your request (to your doctor, or other practitioner, for example). It will be retained for seven years after the end of our work together, and then destroyed. *The only limitations to confidentiality* are (1) if you indicate that you pose a substantial risk of harm to others (2) or to yourself, or (3) you name a vulnerable person (including children and the elderly) who is being abused or at imminent risk of being abused, or (4) if I were required by subpoena to provide specific information to a court of law. I am obliged by law to reach out for help in these situations and would reveal my source if required.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Month: \_\_\_\_\_

### Contact Information

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

- The best number to reach me at is \_\_\_\_\_ (  cell  other )
  - Confidential messages ok at this number?  Yes  No
- When is the best time to reach you, if needed? \_\_\_\_\_
- Texts and email can be problematic regarding confidentiality. Knowing this,
  - Are texts okay?  Yes  No
  - What email address, if any, would you have me use for appointment matters?  
\_\_\_\_\_
  - I  do  do not give permission for marketing emails
- Please name an emergency contact I could use if I were worried for your safety:
  - Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
  - Their contact information: \_\_\_\_\_

## Today's Session

- What brings you in today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- When did this concern start? \_\_\_\_\_  
\_\_\_\_\_
- Primary Goals for Therapy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal/Background Information

- Tell me about a few of your strengths?  
\_\_\_\_\_  
\_\_\_\_\_
- Current Relationship Status: \_\_\_\_\_ Their name, age? \_\_\_\_\_
- (Who is in your family?) Who is important for me to know, to understand your story?  
\_\_\_\_\_  
\_\_\_\_\_
- Tell me about your style (profession, learning / processing style & speed, preferences?):  
\_\_\_\_\_  
\_\_\_\_\_
- Have you received counselling services before?
  - The issue/goal at that time  
\_\_\_\_\_
  - What did you appreciate most about your session(s)?  
\_\_\_\_\_
  - What did you appreciate least about your session(s)?  
\_\_\_\_\_
  - Did you feel that the issue was resolved/goal achieved through that counselling?  
\_\_\_\_\_  
\_\_\_\_\_

- What (if any) health concerns (diagnoses?) do you have (relevant to counselling)?

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- Do you worry about your alcohol/substance use? If yes, please explain.

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- Have you ever attempted suicide?    Yes    No

- How much/ how well do you sleep? (Reasons?) \_\_\_\_\_

- Is your appetite normal these days? \_\_\_\_\_

- Do you have a regular doctor?    Yes    No    Date of last physical exam: \_\_\_\_\_

- Prescribed Medications (name and purpose, dosage, frequency):

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- Alternative Treatments, medications?

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- Anything else you feel I should know, for us to do our best work together?

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### Referral Information:

How did you learn about Ros Best Counselling (check all that apply):

\_\_\_ CounsellingBC

\_\_\_ The British Columbia Association of Clinical Counsellors (BCACC)

\_\_\_ Ros Best Counselling's website

\_\_\_ Google

\_\_\_ The Gottman Referral Network

\_\_\_ The ICEEFT EFT Referral Network

\_\_\_ Direct recommendation from my doctor

\_\_\_ Direct referral from a family member or friend

\_\_\_ Other : \_\_\_\_\_

### CLINIC / ZOOM ORIENTATION

Welcome to Ros Best Counselling. Note: in addition to this form, Ros needs you to submit the COVID-19 Informed Consent for in-person sessions, and/or the Online Counselling Informed Consent, also located in the Forms section of Ros' website [rosbestcounselling.com](http://rosbestcounselling.com).

Ros' new office for in-person therapy is located at 51-5118 Joyce Street (4<sup>th</sup> floor) in Vancouver, located conveniently opposite the Joyce Street Skytrain Station on the Expo Line. There is ample 2 hour free parking in the area, and secured underground parking. Ros will need to confirm with you the evening before our session that you have no symptoms of COVID-19, nor have been in close contact with someone with COVID-19. During the pandemic, Ros will meet you at the building's front door. The office and washrooms are wheelchair accessible.

#### **FEE PAYMENT AND CANCELLATION POLICY**

\$140 per hour + GST (\$147) for individuals; for EMDR trauma treatment, I recommend 1 ½ hour sessions for \$210 + GST (\$220.50). Fees should be paid by e-transfer (ros@rosbestcounselling.com) before the beginning of each session. An appointment is a commitment to therapy. If you are late, we will probably not be able to meet for the full time. **48 hrs' notice is needed to cancel a session** (otherwise the full fee will be due) so Ros can offer that time to other clients. Ros does offer a sliding scale to clients with PWD status or who have recently lost their work due to the COVID-19 pandemic. **If you have any doubt about feeling unwell, please text or email requesting that we meet online instead of in person. If you must cancel because of falling ill to COVID-19, there will be no cancellation charge.**

Your counselling costs may be covered by your Extended Health Benefit plan or by ICBC (car accident).

#### **WHAT IS CLINICAL COUNSELLING?**

Clinical counselling is *not* advice-giving. It is expert listening, conversation, witnessing to your story, to enable you to make sense of your experience and connect current concerns with their deeper significance, to give you access to your wisdom, to help you see your best path forward. You are the expert in your life, Ros is an expert in counselling psychology. She will listen without judging, and speak calmly, with compassion and hope.

Be picky in choosing a therapist with whom you feel a good fit – this is essential. Questions or comments on the counselling process are invited at any time.

#### **BENEFITS OF THERAPY:**

Therapy can help a person gain a deeper understanding of their story and/or situation, and in so doing develop more tolerance, joy, hope, and focus... and cope better with or resolve their problems. We can use EMDR to process earlier traumas and free you from their painful charge. In discussing elder care, I inform our work with current knowledge about typical aging vs dementia care. In all therapies, Ros takes into account your learning/ communication style and pace. You will feel empowered to move forward, more connected to your wisdom and strengths.

#### **RISKS OF THERAPY:**

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. For example, as you grow, members of your family may have to adapt to the 'new you'. Also, some clients find it difficult to find a therapist who is a good fit, making it really frustrating to engage in therapy; others may find it is the wrong time, right now it feels too hard to "go there". Therapy may stimulate memories and evoke strong feelings; sometimes clients will feel worse before they feel better. *It is the therapist's job to keep the client emotionally safe throughout the process*, to notice and discuss if there doesn't seem to be progress, and, absolutely, the client is encouraged to discuss any frustrations they might be feeling about therapy. Therapy is a process.

#### **THERAPY IN GENERAL. DIFFERENT COUNSELLING MODALITIES I OFFER**

Counselling requires active involvement and efforts to be open. I will work with you to specify *goals and methods of treatment*, and we will review these regularly. If you feel that you are not progressing through our work together, we may discuss referral to an alternate qualified counselling practitioner.

Ros uses EMDR for trauma (Eye Movement Desensitization and Reprocessing – similar to free association + mindfulness + distraction), grounded in the Polyvagal theory. For clients who wish support - to find their own voice, to address grief and loss, chronic health problems, healthy aging, or to arrive at a decision, we will use basic talk therapy. For clients wishing to address their relationships, we will approach family and couples work from an attachment perspective, i.e. Sue Johnson's Emotionally Focussed Individual Therapy, and may use Gottman's Sound Relationship House exercises to ground the work. *It is important to me that our work be evidence-informed.*

#### **CONTACTING YOUR COUNSELLOR**

To reach Ros, use her cell phone number is 778-834-1867(voicemail or text), and email is ros@rosbestcounselling.com, but please restrict content to matters you do not consider sensitive, unless speaking directly with me. Ros works

Tuesdays, Wednesdays and Thursdays, including evenings. Ros does not offer crisis counselling; if you need immediate assistance, leave Ros a message, but do reach out to the Crisis Line (604-872-3311), the Seniors Distress Line (604-872-1234), or call 911. I do not use social media with clients, as recommended by my professional association.

**RECORD KEEPING**

I take the confidential nature of our discussions seriously. All communications and records related to your counselling will be kept confidential. These records are kept in a locked filing cabinet at my home, and/or on the Jane App’s encrypted counselling website. Please be advised that client files are kept for 7 years, in accordance with BCACC guidelines and BC privacy legislation (PIPA). You have the right to see your file (though I have never had anyone ask to do this).

**THERAPIST CONSULTATION & INFORMATION SHARING**

In order to provide the best possible service, I may record our sessions together (see consent options at the end of this document). I use these recordings to reflect upon our work together, and occasionally may submit short excerpts for consultation with qualified colleagues. Your identity would not be revealed, and all identifying features not be mentioned. I destroy (reformat) these tapes as soon as I do not need them; they do not form part of your formal file.

Occasionally, it may be helpful for me to consult with your physician or other practitioner. In that instance, I would ask for your written consent (on separate form) and which specifics you want me to share. This consent will be time-limited and you may withdraw it at any time.

**RELEASE OF INFORMATION WITHOUT CONSENT**

There are three situations in which I might release information or files about you even if I do not have your signed consent (all counsellors must respect these limitations to consent):

- If I am required by court order or statutes to release parts of your file, or to testify under a subpoena.
- if you tell me of abuse of a child, elder or other vulnerable person, or
- if you are at imminent risk of causing physical harm to yourself or others.

**YOUR CONCERNS AND RIGHTS**

You may choose to discontinue counselling with me at any time. Also, I invite you to discuss any concerns that you may have regarding your counselling directly with me. If this is unsatisfactory, you can contact the BC Association of Clinical Counsellors at 250-595-4448.

I agree that I have had the above information explained to me and I understand its meaning. I have had the opportunity to discuss any concerns about this information with Ros Best Clark.

We agree that the hourly fee for this counselling will be \$ \_\_\_\_\_ (plus GST)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

I do  I do not consent to Ros Best recording our sessions for personal professional purposes or for confidential consultation where my identity is not revealed. I am aware that Ros Best will destroy recordings when they are no longer needed, before or when my file is shredded after 7 years.

I do  I do not consent to Ros Best emailing me with opportunities and articles after our therapy concludes.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counsellor Signature \_\_\_\_\_ Date \_\_\_\_\_