



NANAIMO FAMILY LIFE ASSOCIATION
VOLUNTEER COUNSELLING PROGRAM
INTAKE AND ASSESSMENT FORM

Please be advised that any information gathered is protected by the Personal Information Privacy Act.

Office Use Only

Client ID # _____ **Counsellor Assigned:** _____

Date Matched: _____ **Date Closed:** _____

Personal Counselling **Relationship Counselling**

Today's date: _____

Name: _____ **Date of Birth:** _____

Address: _____

Home Phone: _____ **Cell phone:** _____

Is it okay to say Nanaimo Family Life and/or leave message at these numbers? _____

Email: _____

Partner's Name: (only if requesting relationship counselling – partner must also complete an intake form): _____

Emergency contact _____ **Phone:** _____

Physician: _____

Gender Identity: (Circle all that Apply)

- Male/Man
- Female/Woman
- TransMale/TransMan
- TransFemale/TransWoman
- Genderqueer/Gender nonconforming
- Additional Category: _____
- Prefer not to Disclose

Preferred Pronouns:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Additional Category: _____

Sexual Orientation:

- Straight
- Gay
- Lesbian
- Bisexual
- Additional Category: _____
- Prefer not to Disclose

What Sex were You Assigned at Birth?*

- Male
- Female
- Other
- Prefer not to Disclose

**Collected for emergency purposes and kept confidential*

How did you hear about us?

Doctor Justice Access Centre MCFD NARSF Brooks Landing Internet Search

Other _____

Please note any other counsellors or agencies you are currently involved

with _____

What type of counselling are you requesting?

Personal Relationship
(Individual) (With partner/other)

Do you prefer a male or female counsellor? No Preference

When are you available for counselling? Please circle days and identify times between 8:30 am – 8:00 pm:

Days: Mon Tues Wed Thurs Fri Sat Sun

Times: _____

Method of counselling preferred?: In-Person Online/Phone

May we contact you for an evaluation at the end of counselling? Yes No

Briefly describe your reasons for contacting Nanaimo Family Life.

Is there a specific area you want support in?:

Interpersonal Trauma

I choose to disclose at my own pace with my counsellor

Check all that apply

Childhood Abuse: Sexual, physical, neglect, psychological, witnessing domestic violence

Sexual Assault: Any unwanted sexual contact

Historical trauma: Colonization and residential school experience, forcible removal from the family home, destruction of culture and language

Domestic Abuse/Elder Abuse: Physical, sexual, financial, spiritual, cultural, psychological

External Trauma

I choose to disclose at my own pace with my counsellor

Check all that apply

Being a victim of crime

Sudden death of a loved one

Suicidal loss

Sudden and unexpected loss of job, housing, relationship, etc.

Living in extreme poverty

Natural disasters

Accident via vehicle, plane, etc.

Possible Coping Strategies and Symptoms of Interpersonal/External Trauma

Check all that apply

Have you ever attempted suicide? Yes No

When did you last have these thoughts: _____

Are you feeling suicidal now? Yes No

Do you have a plan? Yes No

If yes, what is your plan? _____

Have you been diagnosed with a mental illness? Yes No

If yes, check all that apply:

BPD (Borderline Personality Disorder)

Bipolar Disorder

Schizophrenia

Depression

GAD (Generalized Anxiety Disorder)

PTSD (Post Traumatic Stress Disorder)

ASD (Autism Spectrum Disorder)

Other (please specify): _____

Do you agree with this diagnosis? Yes No

Are you under the care of a professional for the diagnosis? Yes No

Do you have an alcohol addiction? Yes No

Do you have a drug addiction? Yes No

If yes, have you been clean and sober for 6 months? Yes No

Are you currently receiving support for your addiction? Yes No

Do you experience any of the following? *Check all that apply*

Anxiety

Depression

Panic Attacks

Is there currently any domestic violence or abuse occurring in your relationship?

It can be defined as a pattern of actual or threatened behaviour and may include abuse of an individual by someone with whom they have an intimate relationship. Please tick any box that may apply to you.

Physical Emotional Sexual Verbal Psychological Financial

1. Have you ever had any concerns for your own safety or the safety of your children during the relationship? Yes No

2. Has your spouse/partner ever caused you to feel threatened or fearful?
Yes No

What to Expect

Confidentiality is an essential ingredient of the counselling relationship. Nevertheless absolute confidentiality cannot be guaranteed. You will be required to sign a Confidentiality Form before counselling begins.

NFLA offers services in an inclusive, non-discriminatory environment. We do not tolerate discrimination on any grounds. If you feel you have been discriminated against by any representative at NFLA please contact the volunteer coordinator immediately.

Do you understand our Policy of Confidentiality? Yes No

Please review the **Counselling Fee Schedule** in your Orientation package on page 3 and circle what you can pay per session. If you are unable to pay please attach proof of income or contact the Program Coordinator at 754-3331 ext. 513.

Individual Session

Couples Session

\$10.00

\$20.00

\$20.00

\$30.00

\$30.00

\$40.00

\$40.00

\$50.00

\$50.00

\$60.00

WHAT IS COUNSELLING:

Counselling is a process of talking about and working through your personal problems with a **counsellor**. The **counsellor** helps you to address your problems in a positive way by helping you to clarify the issues, explore options, develop strategies and increase self-awareness. Counselling psychologically empowers individuals to seize back control of their lives, and is often the first step individuals take on their path to discovering a more positive life. The Counselling relationship in order to be effective requires that you be willing to be engaged in your own change process.

Due to the volume of people waiting for counselling services we ask that you do your best to adhere to our policies:

NANAIMO FAMILY LIFE POLICY REGARDING COUNSELLING SESSIONS

INITIAL

I will do my best to give my counsellor 24 hours' notice if I cannot make a session.	
If I cannot give my counsellor 24 hours' notice, I will contact coordinator to continue sessions with my counsellor. Ph.: 250 754 3331 ext.513	
I understand that if I cancel my appointment, it is my responsibility to book another appointment with my counsellor within 3 days; otherwise I risk my file being closed.	
I will commit to weekly sessions; if I cannot commit to weekly sessions due to shift work or child care etc. I will contact coordinator.	
I understand if I stop coming to counselling my file will be closed, I can reopen my file by contacting coordinator, if it has been more than 6 months I need to fill in a new intake form. Note: There is no guarantee I will be matched with same counsellor but I can request it.	
I understand that if I keep rescheduling my appointments that it might not be the best time for me to commit to the counselling process, I can close and reopen when a better time arises.	
I understand that If my counsellor is not a good match for me I can contact coordinator to be matched with another counsellor.	
I am aware that the VCP program does not offer crisis counselling and will not be able to provide services immediately. Wait time varies from a few days to a few weeks or more. If in crisis, please call 1-888-494-3888 or access Brooks Landing Crisis Walk-In Clinic at #203-2000 N Island Hwy, Nanaimo, BC V9S 5W3	

Client Signature:	Date:
Volunteer Counsellor Signature:	Date:

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between you and NFLA.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (Volunteer Counsellor, me, and our families, [our other staff] and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. ____
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or 37 Celsius or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. ____
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ____
- You will adhere to the safe distancing precautions we have set up in the waiting room and counselling room. You will wear a mask in all areas of the office (I [and my staff] will too). ____
- In counselling Rooms 2 and 3 (the smaller rooms) you are encouraged to wear a mask,
If you opt out of wearing a mask you are consenting in taking that risk ____

- You will keep a distance of 2 meters or 6 feet and there will be no physical contact (e.g. no shaking hands) with Volunteer Counsellor [or staff]. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ____
- You will take steps between appointments to minimize your exposure to COVID. ____
- If you have a job that exposes you to other people who are infected, you will immediately let the Volunteer Counsellor know. ____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let the Volunteer Counsellor know. ____
- If a resident of your home tests positive for the infection, you will immediately let the Volunteer Counsellor know and we will then [begin] resume Counselling via telehealth. ____

We may change the above precautions if additional provincial or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

Our Agency has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that we are committed to keeping you, Our Volunteer Counsellors, our staff and all of our families safe from the spread of this virus. If you show up for an appointment and the Volunteer Counsellor [or the office staff] believe that you have a fever or other symptoms, or believe you have been exposed, The Volunteer Counsellor will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If The Volunteer Counsellor or other staff test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Informed Consent

This agreement supplements the confidentiality agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

Client:

Date: