



NANAIMO FAMILY LIFE ASSOCIATION
VOLUNTEER COUNSELLING PROGRAM
INTAKE AND ASSESSMENT FORM FOR **COUPLES**

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

For Individuals 18 and Over

For an intake form for Individuals **under 18** please visit:
<https://www.nflabc.org/counselling/youth-counselling/>

Office Use Only

Client ID # _____ Counsellor Assigned: _____

Date Matched: _____ Date Closed: _____

Today's date: _____

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____

Is it okay to say "Nanaimo Family Life" at these numbers/leave a message/email?

Email: _____

Partner's Name: _____

Emergency contact: _____

Phone: _____

Physician: _____

Gender Identity: (Check all that Apply)

- Male/Man
 Female/Woman
 Trans Male/Trans Man
 Trans Female/Trans Woman
 Genderqueer/Gender nonconforming
 Non-binary
 Additional Category: _____
 Prefer not to disclose

Preferred Pronouns:

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

Sexual Orientation:

- Straight
 Gay
 Lesbian
 Bisexual
 Additional Category:
 Prefer not to disclose

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

Do you prefer a male or female counsellor? No Preference

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

Please note: Preference of Friday/Saturday/Sunday only may take longer to schedule.

Days: Mon Tues Wed Thurs Fri Sat Sun

Times: _____

Method of counselling preferred? In-Person Online

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

I am seeking support specifically for sexual assault or intimate partner violence

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)

GAD (Generalized Anxiety Disorder)

Bipolar Disorder

PTSD (Post Traumatic Stress Disorder)

Schizophrenia

Neurodivergent (ASD, ADHD, etc.)

Depression

Other (please specify below):

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

Do you have a history of brain injury? Yes No

If yes, explain:

Do you live with any cognitive impairment issues? Yes No

If yes, explain:

Is there any additional information (not on this form) that you believe we should be aware of?

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.

Please review the **Counselling Fee Schedule** in your Orientation package and select what you can pay per session. If you are unable to pay, contact the Program Coordinator at 754-3331 ext. 427 for affordable options.

<u>Couples Session</u>	
\$25.00	
\$30.00	
\$40.00	
\$50.00	Other payment
\$60.00	option

Please choose what you can pay per session from options above

ESSENTIAL LIFE SKILLS WORKSHOPS

Sometimes our waitlist for counselling can be long and we know this is a difficult time for many. Please consider signing up for one or more of these workshops for additional support and information while you wait to be matched with a counsellor.

Our workshops provide an opportunity for growth through increased self-awareness and understanding. These are offered in a group setting that allows for learning from others in an atmosphere of respect and comfort. Each workshop is \$15.00 and requires pre-registration each week. As with our counselling, if cost is a barrier, please give us a call.

Below are descriptions of each workshop:

Effective Communication: The average person communicates ineffectively. This workshop will help us to understand what another person's message is and to convey your message in a clear way.

Personal Boundaries/Assertiveness: Boundaries bring order to our lives. They teach people how we want to be treated. They keep people from coming into our spaces or us from going into their space. Following that, a person using assertiveness skills is better able to manage and minimize their anxieties in stressful situations. It also enhances their self-esteem and self-confidence.

Conflict Resolution: This workshop covers negative and positive views of conflict, conflict style, and offers constructive ways to handle conflict.

Healthy Self-Esteem & Self-Exploration: Self-Esteem relates to having a positive sense of your inherent worth as a person. It is made up of learned feelings and positive thoughts that reflect a positive attitude versus a pessimistic attitude. Healthy self-esteem is self-confidence, self-worth, and self-respect. It affects everything you do.

Exploring Anger: Anger is what happens when we perceive an event as threatening or when we experience frustration over unmet needs. It is usually preceded by feelings of fear, loss, hurt, or sadness.

Exploring Stress: Stress affects us physically, emotionally, mentally, and spiritually. It is natural and useful and is a necessity for life and survival. However, unmanaged stress can cause illness. How we respond to stressors highly influences the impact the stress will have in our lives.

Exploring Grief & Loss: In this workshop, we explore the common causes and symptoms of grief, harmful myths and clichés, stages of grief, needs of mourning, ways of coping, and exercises for grief work.

Exploring Anxiety & Depression: In this workshop, we explore depression and anxiety, focusing on the difference between stress and anxiety, and depression and grief/sadness. We also focus on ways to manage anxiety/depression.

Creating Personal Change: This workshop covers positive aspects of creating change, self-defeating thoughts, and language, knowing what is in our control, discovering our passions and values, and keys to successful goal setting.

Please check this box if you would like to be contacted about signing up for one of more of the Essential Life Skills Workshops

Workshop schedule available on our website: www.NFLABC.org

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 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 understand that once the coordinator has matched me with a counsellor, and the counsellor has contacted me I need to respond to counsellor within 3 days to set up my first appointment or I risk my file being closed. If for some reason, I cannot contact the counsellor within 3 days, I can contact the coordinator to be put back on the waitlist.	
I will do my best to give my counsellor 24 hours' notice by leaving a message on their voicemail if I cannot make a session.	
If I cannot give my counsellor 24 hours' notice, I will contact the coordinator to continue sessions with my counsellor. Ph: 250 754 3331 ext. 427	
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 childcare etc. I will contact coordinator.	
I understand if I stop coming to counselling my file will be closed. I understand if I wish to be connected with a counsellor again, I will need to fill out 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	
I will not bring children to counselling sessions	
I will remain alcohol and drug free when seeing my counsellor	

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, if 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:

COVID 19 Policy	Initial
You will only keep your in-person appointment if you are symptom free.	
If you are in close contact with someone who has tested positive for COVID 19 you will get tested. If you test <i>positive</i> you will <i>stay home</i> , if you test <u>negative</u> , <u>wear a mask</u>	
If you are sick, stay home	

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 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: _____