



# LIFE SOLUTIONS

Counselling that provides resolution for real life challenges.

## INTAKE FORM

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Relation: \_\_\_\_\_

Is it alright to leave a message at all of the above phone numbers? \_\_\_\_\_

How did you hear about Life Solutions Counselling? \_\_\_\_\_

Why have you come to counselling? \_\_\_\_\_

When did this issue/condition first occur and what was going on in your life at this time?

### Medical History:

Family Doctor: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Do you have any medical, physical or mental health conditions that you are currently receiving treatment for and if so, please indicate what the condition(s) are

Are you currently taking any medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If your answer is yes, what is the name of your medication(s):

Have you seen a counsellor or psychiatrist before and if so, how long ago was it and how did it terminate?

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**Counselling Overview:**

Life Solutions Counselling adheres to a strict standard of confidentiality. All the information between you and I will not be shared or disclosed to anyone without permission from you. I also adhere to a strict code of ethics. Exceptions (1) Federal or Provincial Court (2) criminal code violations where physical and/or sexual abuse of children are involved (3) whereby any person's life or health is in obvious danger including your own.

Life Solutions Counselling requires 24 hour cancellation notice if you are unable to make it to your counselling session. You will be provided with 24 hour cancellation notice if I am unable to make our appointment.

When it's time to terminate our counselling sessions, I like to allow anywhere from 1 to 3 sessions so termination can be processed properly.

I have read and understand the above information:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Waiver:**

I understand that EFT is an experimental therapy and is not meant to replace standard medical and/or mental health counselling. While there have been no documented negative side effects from using EFT when the proper treatment protocols have been followed, this is NOT a guarantee that I will not experience side effects.

I agree to take full responsibility for my own well-being.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_