

**Magdalen Bowyer**  
**Counselling Consent Form**

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Would you like to receive our email newsletters?(you can opt out an any time) \_\_\_ Yes \_\_\_ No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have an extended health care plan? \_\_\_ Yes \_\_\_ No

Confidentiality: As a Registered Professional Counsellor with the Canadian Professional Counsellors Association, I adhere to a strict standard of confidentiality. Nothing between you, me, or clinic staff members will 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.

I understand the above:

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

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

# Cross Roads Counselling with Magi

Welcome to our clinic!

Magi works as an Emotional Intuitive which means she is highly skilled at getting to the root of your distress. (Some call it Cut-to-the-Chase counselling!) She can then coach you to turn the pain into passionate repair. And you'll know what you need to do next to move forward. Follow-Up Sessions with Magi will keep you tuned to the positive changes you experience.

**Initial Session (60 mins) \$175**  
**Follow Up Session (45 min) \$140**  
**Follow Up Session (30 mins) \$95**

We offer packages to reduce your per session rate.

**PKG A** Initial Session + 2 (30 min) Follow Up Sessions \$345\* (save \$20)

**PKG B** Initial Session + 2 (45 min) Follow Up Sessions \$425\* (save \$30)

**PKG C** 6 (30 min) Follow Up Sessions \$525\* (save \$45)

Prices do not include taxes  
\*PKG payment is non-refundable.

## What is the advantage of purchasing a package?

Commitment is a powerful process for change.  
When you buy a package it affirms your commitment.

In some instances, Magi will work with couples.  
You can speak to her directly in your Initial Session if this is something you want to consider.

Magi is available here at the clinic:

**Sundays 10 am – 5 pm**

**Mondays 4 - 9 pm**

**Be advised that full session rates are charged for missed appointments or those appointments cancelled with less than 24 hours notice.** Fees are due at time of service. Payments may be made by cash, debit or credit. Many extended medical plans provide coverage. We encourage you to learn the details of your specific plan, if you have one. Please save your receipts for this coverage.

***I hereby consent to receive treatment from Cross Roads Naturopathic. I understand that this consent is voluntary and may be revoked by me at any time. I understand the fees and I accept responsibility for prompt payment.***

***I have read and comply with the terms stated above.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian if a minor)

Cross Roads Naturopathic  
350-507 West Broadway Avenue Vancouver, BC  
604-568-6899

All information is private and confidential

**WHAT BROUGHT YOU HERE TODAY?**

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How empowered do you feel in your life? (1 is unsatisfied, 10 is very satisfied) \_\_\_\_\_  
Physical Health Rating \_\_\_\_\_ (any concerns?) \_\_\_\_\_  
Sleep Hours/Night \_\_\_\_\_ (any concerns?) \_\_\_\_\_  
Exercise? \_\_\_\_\_  
How Often: Regularly \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_

**EXTERNAL SUPPORTS**

Have you attended counselling before? \_\_\_ Yes \_\_\_ No  
If yes: When? \_\_\_\_\_ Age? \_\_\_\_\_ Reason(s)? \_\_\_\_\_  
What was helpful or not helpful? \_\_\_\_\_  
Anything missed or not addressed? \_\_\_\_\_

Who do you turn to for support?

\_\_\_ Friends \_\_\_ Partner \_\_\_ Children \_\_\_ Family \_\_\_ Virtual Friends \_\_\_ Pets \_\_\_  
Professionals \_\_\_ Neighbours \_\_\_ Co-workers \_\_\_ Church  
Other? \_\_\_\_\_

**INTERNAL SUPPORTS**

What brings you joy?

What do you see are your strengths?

**LIFE EDUCATION**

Are any of the following resonant with what you want to talk about?

___ Abduction	___ Bullying	___ Chronic Illness/Pain
___ Culture	___ Crime	___ Death/Grief
___ Divorce/Separation	___ Emotional Abuse	___ Financial Stress
___ Hate Crime	___ Identity Theft	___ Internet Fraud
___ Isolation	___ Loss of Culture	___ Loss of Independence
___ Sexual Abuse	___ Stalking	___ Torture/War
___ Witness of Trauma	___ Work Related/Job Loss	

Other? \_\_\_\_\_

**FORMAL EDUCATION**

Current Level of Education: \_\_\_\_\_  
Educational Goals?: \_\_\_\_\_

**EMOTIONAL/MENTAL HEALTH**

How would you describe yourself emotionally?

<b>Please complete the following statements:</b>	<b>Not true</b>	<b>Sometimes true</b>	<b>Mostly true</b>
If I'm angry with someone, I'll breathe and centre myself before I react.			
When I'm filled with self-doubt or fear, I treat myself lovingly.			
After a hard day, I focus on what I'm grateful for rather than beating myself up for what has gone wrong.			
I feel connected to a sense of spirituality however I define it.			
I check in with my intuition - my gut feelings - when making choices.			
I fall asleep quickly and don't worry about tomorrow's to-do list.			
I'm a positive person and don't make small problems into big ones.			
I quickly let go of negative emotions and don't brood on them.			
I live in the Now, rather than dwelling on the past or future.			
I feel happy with my life, not that it's just passing me by.			
I am good at setting limits with people who drain my energy.			

Any current suicidal thoughts &/or intent to end your life? Yes \_\_\_ No \_\_\_

<b>Present or past?</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Suicidal Thoughts			
Suicide Attempts			
Homicidal/Violent Thoughts			
Violent Behaviour			
Paranoid Thoughts			
Hallucinations			
Hospitalization/treatment for psychiatric concerns			

Risk of Harm to Self? None \_\_\_ Low \_\_\_ Medium \_\_\_ High \_\_\_

Risk Harm to Others? None \_\_\_ Low \_\_\_ Medium \_\_\_ High \_\_\_

**ADDICTIONS** - Please check all that apply

- Alcohol       Smoking       Drug (illegal and/or prescription)  
 Gambling       Food       Shopping (includes online)  
 Internet       Sex      Other \_\_\_\_\_

**Medication(s):**

Prescription	Diagnosis	How Often	How Long (mnths/yrs)

**Drug/Alcohol Intake:**

Type	How Much	How Often	How Long	Treatment?

Does drug & alcohol use interfere with/negatively affect your life? \_\_\_ Yes \_\_\_ No. How so?

**RELATIONSHIP HISTORY**

Please list any significant relationships in your life

Status (dating, married, divorced)	Duration	Age	Crisis/Abuse? (verbal, sexual, physical)	Comments

**SPIRITUAL/RELIGIOUS BELIEFS**

Is there any specific belief system that you follow?

Did religion/spiritual practice play a part in your upbringing?

**LIFE WORK**

Current employment/job description?: \_\_\_\_\_

Level of job satisfaction (1 unsatisfied, 10 very satisfied) \_\_\_\_ Why? \_\_\_\_\_

Future expansion? \_\_\_\_\_

**LEGAL STANDING**

Any outstanding legal matters? \_\_\_\_\_

Do you anticipate a request for counselling records? \_\_\_\_ Yes \_\_\_\_ No Who? \_\_\_\_\_

**FINAL THOUGHTS**

If you were granted 3 wishes what would they be & how might they change your life?

- 1.
- 2.
- 3.

What would you like to achieve in our work?

- 1.
- 2.
- 3.

Is there anything I did not ask or anything else you think would be helpful?