



Jessica Buxbaum

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

How did you hear about Jessica? _____

Jessica Buxbaum is a Registered Clinical Counsellor (RCC#12106) with the BC Association of Clinical Counsellors. She holds a Master of Counselling Psychology Degree.

Risks of Therapy: There are risks and benefits inherent to counselling. Some potential risks include, evoking strong emotions or difficult memories, changes in self-awareness and different ways of relating to others. Some benefits may include, gaining personal insights, learning new ways to cope with/or solve problems, developing new skills and changing unwanted behaviours. Therapeutic outcomes cannot be guaranteed and will vary from person to person.

Privacy: The counsellor will collect/use all personal information in accordance with the Personal Information & Protection Act. It will not be disclosed to a third party without consent. If you see Jessica outside of the office, she will not approach you first or say hello out of respect for your right to privacy.

Confidentiality: All the information between you and your counsellor or staff members will not be shared/disclosed to anyone without permission from you. **There are 3 main exceptions to the confidentiality agreement in accordance with common law. The exceptions include 1) the mandatory reporting of suspected child abuse 2) the possible reporting of risk or serious harm to self or other 3) when ordered by the court of law.**

As a client, you may withdraw consent to counselling at any time during the counselling process. If you have a concern and are not satisfied that the counsellor has addressed that concern, you have the right to file a written complaint at www.bcacc.ca.

I have read and understand the above. I hereby consent to receive treatment from Jessica Buxbaum at Cross Roads Naturopathic. I understand that this consent is voluntary and may be revoked by me at any time.

Signature: _____ Date: _____

Cross Roads Counselling with Jessica Buxbaum
Master of Counselling Psychology
Registered Clinical Counsellor

Welcome to our clinic!

Clinical counselling sessions are 50 minutes in length.
Fees are in accordance with recommendations made by the BC Association of Clinical Counsellors. Fee schedule is as follows:

50 Minute Counselling Session \$120

Prices do not include taxes

Please be advised that full session rates are charged for missed appointments or appointments cancelled with less than 24 hours notice. Fees are due at time of service. Payments can be made by cash, debit or credit. Many extended medical plans provide coverage for clinical counselling. We encourage you to contact your extended health care provider and 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 Jessica Buxbaum at 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: _____

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

All information is private and confidential.

WHAT BROUGHT YOU HERE TODAY?

What would you like to achieve in our work?

- 1. _____
- 2. _____
- 3. _____

How empowered do you feel in your life (___/10)? (1=very unsatisfied, 10=very satisfied)
How is your physical health(___/10), sleep(___/10), exercise(___/10)?
Any specific concerns? _____

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 ___ Church___
Professionals ___ Neighbours ___ Co-workers ___ 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 |
| ___ Physical Abuse | ___ 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? _____

Any current suicidal thoughts &/or intent to end your life? Yes ___No___

Present OR Past?	Yes	No	Comments
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/prescription)Gambling___ Food___

Internet___ Sex___ Shopping___ (includes online) Other_____

Medication(s):

Prescription	Diagnosis	How Often	How Long (mnts/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? _____

SPIRITUAL/RELIGIOUS BELIEFS

Is there any specific belief system that you follow?

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

RELATIONSHIP HISTORY

Please list any significant relationships in your life

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

LIFE WORK

Current employment/job description?: _____

Level of job satisfaction ___/10 (1=very unsatisfied, 10=very satisfied)

Why? _____

Future expansion? _____

LEGAL STANDING

Any outstanding legal matters? _____

Do you anticipate a request for counselling records? Yes ___ No ___ Who? _____

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

- 1.
- 2.
- 3.

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