



John Kenney RTC.

Email: johnkenney@shaw.ca Web: www.anewbreathcounselling.com
Phone: 778-994-1642

Welcome to my counselling practice. The following is provided to help you become acquainted with the way I work. Please take time to read it carefully. I will gladly discuss any of these items with you.

- ✘ Effective counselling and psychotherapy requires a good match between client and therapist. During our first session or two we will determine if I'm a good choice of therapist for you. If not, I will refer you to a therapist I believe can serve you better than I.
- ✘ I assume you wish to begin therapy because you desire certain changes in your life. I will do my best to help you achieve your goals, but I cannot guarantee any particular result. You are likely to gain the most benefit from counseling if you are committed to the process and attend regularly.
- ✘ Since biological factors can contribute to unwanted psychological distress, I may ask you about your health and diet. In some cases medical assessment and intervention is helpful and/or necessary. Some individuals benefit from a combination of psychotherapy and drug therapy.
- ✘ From time to time I may ask you to fill out various questionnaires. Please fill these out as best you can, it helps me learn important details about you without taking up extra session time.

Session Fees

- ✘ Individual sessions \$85/hr – Couples sessions \$95/hr. If this fee is out of your ability to pay, we can discuss other payment options. I take VISA and MasterCard for those who need a payment plan. Payment for therapy will be due at the end of each session. If you need to defer payment, or require a payment plan, you may use VISA or MasterCard.
- ✘ I do not have a secretary to collect your fees, so please come prepared to pay with cash, check, or credit card at the end of our session.
- ✘ ***If you plan to submit your session receipts for insurance reimbursement, please inform me right away.*** Attached to this file is a list of questions to ask your insurance company, to determine whether or not they will reimburse your claims, and if so, under what conditions. You will be responsible for payment at the end of each session whether your insurance company reimburses you later or not.

Additional Fees

- ✘ **Short-Notice Cancellation Fee:** Appointment cancellations made within 24 hours of the scheduled appointment will be subject to a fee of half (½) of the total session charge. This charge may be waived if we can move your appointment to another time in the same week.
- ✘ **No-Show Fee:** If you do not show up for a scheduled appointment (that you hadn't canceled) or if you cancel on the **same day** as your appointment time you will be charged the full fee for the session. If you are inclined to forget appointments please let me know – I will arrange to call you in advance to confirm your appointments.
- ✘ Sessions longer than 2 hours require non-refundable prepayment.
- ✘ If your insurance company should ask for a letter or report to be mailed on your behalf you will be billed for the time required to prepare the document, at the hourly rate.
- ✘ If a check of yours is returned by the bank for insufficient funds, you will be responsible for reimbursing any bank fees charged to my account for your returned check.

Privacy

- ☒ Clients are asked to respect the Counsellors privacy.
- ☒ Under no circumstances are clients permitted to visit the counselling premises outside of their appointment time unless specific permission has been given in advance. Failure to abide by this will result in termination of counselling services.
- ☒ Phone calls or emails will usually be answered within 12 hours - repeated calls or emails outside of normal communication will be billed to client, unless previous arrangements have been made.
- ☒ Overly aggressive or threatening behavior is not tolerated during sessions. Termination of session is at counsellors discretion.

Scheduling

- ☒ I will make every effort to schedule your appointments at times that are convenient for you.
- ☒ Clients typically schedule one session per week, or one every other week. The length and frequency of your sessions will be your decision. Longer sessions that are scheduled close together tend to result in the most efficient outcome.
- ☒ If you need to cancel or reschedule an appointment please give me as much notice as possible. If you need to cancel or change your appointment, please call my office phone 778-994-1642, or e-mail me at: johnkenney@shaw.ca
- ☒ Clients arriving late will be responsible for paying for all the session time scheduled.
- ☒ I do not have a secretary to schedule my appointments. If possible, please come prepared to schedule your next appointment at the end of each session.

Confidentiality

Except for certain situations, matters shared in counseling sessions will not be disclosed to anyone without your written permission. There are some exceptions to this:

- ☒ Therapists are legally required to report suspected abuse, neglect, or exploitation of a child, an elderly person, or a disabled person to the appropriate agency.
- ☒ Therapists have a legal and ethical obligation to warn appropriate authorities, family members, etc., when a client is seriously considering harming him/herself or others.
- ☒ Client case notes and records may be subject to subpoena when a client is involved in civil or criminal legal proceedings.

Phone Calls, E-mails, Emergencies, and Between Session Support

- ☒ If you need to cancel or reschedule a session, or if you need to reach me right away, call my office phone at 778-994-1642 or email: johnkenney@shaw.ca If I don't answer, leave a message and I'll call you back at my earliest convenience.
- ☒ If you are having an urgent crisis and need immediate assistance, please call the 24-hour Crisis Hotline at: 604-540-2221

Consent for Therapy

I, _____, give permission to John Kenney (RTC#1057) to provide psychotherapeutic treatment. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. By my signature I am affirming that I have read the contents of this document and the contents have been satisfactorily explained to me.

Signature: _____

Date: _____

Name: _____ Date: _____

Street: _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____ Occupation: _____

Sex: Male Female Ethnicity: _____ Date of Birth: _____ Age: _____

Marital status (check all that apply): Single Engaged Living together Married
 Separated Divorced Widowed

Name of Spouse: _____ Spouse's Employer: _____

E-mail: _____ Referred by: _____

Names of Children:	Age	M / F	Living w/ you?		Comments:
			Yes	No	
			Yes	No	
		M F	Yes	No	
		M F	Yes	No	
		M F	Yes	No	
		M F	Yes	No	

What are your most important marital and/or mental health problems?

List as many as you can in order of importance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Wellness is a balance of many factors. Using the list to the right, enter the % level of satisfaction in each area as it relates to you.

For example, if you are extremely happy in your career, enter in 100% in the field next to the word Career.

- Physical Environment
- Career
- Money
- Health
- Significant Other/Romance
- Fun & Recreation
- Personal Growth
- Family & Friends

How committed are you to working on the issues that bring you to counselling?

Are you expecting a quick and easy fix to the issues you come to counselling for?

What are your short-term goals from counselling?

What are your long-term goals from counselling?

What are your expectations from me as a counsellor?

What is your personal experience with counselling?

Are there any major issues or resistances that would prevent you from participating in counselling?

Do you regularly practice relaxation techniques (e.g. meditation, yoga, Tai Chi)? Yes No
 If yes, what and how often? _____

How often do you get therapeutic massage? _____

How often do you get 20 minutes or more of exercise? _____

How many caffeinated drinks (coffee, sodas, tea, hot chocolate) do you usually drink per day? _____

How much do you usually smoke? _____

How much alcohol do you usually drink? _____

Do you use "recreational" drugs? Yes No If yes, what and how often?

Do you take vitamins and/or herbal remedies? Yes No If yes, what and how often?

Which category best describes your diet?
 Very Healthy (Lots of fresh fruits/vegetables/whole grains, and few sweets/fatty foods.)
 Between Moderately Healthy & Very Healthy
 Moderately Healthy (Some fresh fruits/vegetables/whole grains, and some sweets/fatty foods.)
 Between Unhealthy & Moderately Healthy
 Unhealthy (Few fresh fruits/vegetables/whole grains, and lots of sweets/fatty foods.)

Who is your primary physician? Phone #:

Please list any troublesome or significant medical conditions you may have.

Please list your current medications (Prescription & Non-Prescription):

Drug	Dose	Frequency	When Started	For what symptom(s)	Prescribing Doctor

Who should be notified in case of emergency?
 Name: _____ Home Phone: _____ Relationship: _____

Symptom Frequency Scales

How often have you experienced the following symptoms over the last two weeks?

Depression	Not at all	Sometimes	All theTime	Drug Related
	0	1	2	3
	4	5	6	7
	8	9	10	
Feelings of sadness				
Difficulty falling asleep and/or staying asleep				
Desire to spend a lot of time sleeping				
Fatigue or loss of energy				
No interest in formerly pleasant activities				
Feelings of worthlessness				
Feelings of hopelessness				
Feelings of excessive and/or inappropriate guilt				
Thoughts of being punished				
Impaired ability to concentrate				
Indecisiveness				
Excessive appetite OR poor appetite				
Feelings of restlessness				
Sense of moving slowly				
Thoughts of death				
Thoughts of suicide				
Unplanned weight gain OR weight loss	NO	YES	If yes, how much?	

Anxiety	Not at all	Sometimes	All the time	Drug Related
	0	1	2	3
	4	5	6	7
	8	9	10	✓
Inability to relax				
Nervousness				
Numbness or tingling				
Heart pounding or racing				
Indigestion and/or discomfort in abdomen				
Feelings of choking				
Shaky				
Scared				
Difficulty breathing				
Racing thoughts				
Sweating (not due to heat)				
Dizziness or lightheaded				
Fear of the worst happening				
Fear of losing control				
Fear of dying				

Questions to ask your insurance company. . .

- Does my policy include a mental health benefit? Yes No If yes:

- Does my policy cover Registered Professional Counsellors (RPCs) or members of the Canadian College of Professional Counsellors and Psychotherapists (CCPCP)? Yes No If yes:
 - How much psychotherapy is covered per year? _____
 - Can I pay my therapist out-of-pocket and submit my session receipts for reimbursement?
Yes No