



**Treena Norrish, RPC**  
Registered Counsellor and Facilitator  
Victoria, BC  
250 891 1817  
treena@livingradiance.ca

**Living Radiance**  
*Transformational Counselling*  
www.livingradiance.ca

## Confidential Client Intake Form

### Personal Information

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

May I contact you by email? (please circle) Y/N

If necessary, may I leave a message at the number provided? (please circle) Y/N

Date of birth: \_\_\_\_\_ Sex: F M

Marital Status: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact number: \_\_\_\_\_

Naturopath/Physician's name:

\_\_\_\_\_

Contact number:

\_\_\_\_\_

Please read the following and answer yes or no:

Have you seen a counsellor before? Y/N

If yes, when and for what:

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Do you have any medical conditions? Y/N

If yes, please provide details:

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Are you currently taking any medications? Y/N

If yes, please provide details:

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Have you ever been hospitalized for mental health reasons? Y/N

Is there a history of mental health issues in your family? Y/N  
(Ie: depression, addiction, serious mental illness)

If yes, please explain:

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Do you use/abuse substances or have addictions of any kind?

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Have you experienced any traumas you think we should address?

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Do you have a spiritual path or belief in a higher power?

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What is the main reason for your visit? What would you like to change/achieve?

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## Informed Consent

### My experience and education

I am a Registered Professional Counsellor with the Canadian Professional Counsellors Association and I am bound by their Ethical Practice Standards. I hold a diploma in Transpersonal Counselling Psychology from Clearmind International Institute.

### Therapeutic Approach

~My approach is transpersonal, holistic, and person-centred. I view you, the client, as being fully capable of fulfilling your own potential for growth. I encourage you to set goals and engage in the counselling process as much as you are able. You may decide to discontinue our therapy at any time, and I will support that decision.

~I draw upon family systems theory, gestalt therapy and may incorporate guided meditation/visualization and experiential exercises where appropriate.

~Often in counselling one may feel worse before feeling better. This is a normal part of therapy. The choices to go anywhere in therapy are always up to you, the client.

### Confidentiality

All of the information we share together will remain strictly confidential. The following are the exceptions to confidentiality:

- a) when disclosure is required to prevent clear or imminent danger to the client or to others. If you threaten to harm yourself or any other I will be legally required to report to the appropriate authorities.
- b) when legal requirements demand that confidential material be revealed.
- c) when you tell me you have abused a child, or intend to abuse a child.
- d) if you tell me that you are intending to drive a motorized vehicle while under the influence of drugs or alcohol.

E Therapy

E therapy includes includes the practice of mental healthcare delivery, diagnosis, consultation, treatment, transfer of confidential data and education using interactive audio, video, or other data communications (I use encrypted & secure transmission via Zoom, an online platform which conforms to PIPEDA).

The client understands that E therapy also involves the communication of medical/health information, both orally and visually between the therapist & client. Additionally, E therapy involves the transmission of data electronically and although every precaution will be employed to protect private/personal information, Living Radiance Counselling cannot guarantee confidentiality.

Fees and Payment

My counselling fees are \$110.00 for each one hour session, or \$140.00 for a 90 minute session. Fees are payable at each session, by cash or cheque, or before the session via Interac e-transfer. There will be a \$25 charge for NSF cheques.

Cancellation Policy

Sessions will start on time and end on time, regardless of when the client arrives. In the instance that you must re-book or cancel a session, I require 24 hours notice by phone or email. Missed appointments without 24 hours notice will be charged the full session fee.

I understand and accept the above statements and agree to enter into a counselling relationship with Treena Norrish, RPC and Living Radiance Wellness Services.

Name of Client: \_\_\_\_\_

Signature Of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counsellor: \_\_\_\_\_ Date: \_\_\_\_\_