



Registered Clinical Counsellor #2435

152 Ladysmith Street, Victoria, BC V8V 1J4

250.514.4731

lisa@lismortimore.com www.lismortimore.com

Dear Client,

In order to be well informed about my policies and your rights as a client, I am providing you with this material. Please read this carefully and, if you need clarification on any of this information, please ask me before signing this form.

You have the right to privacy, confidentiality and full professional behaviour. You also have the right to see any files or information I keep regarding your work with me. Confidentiality is a serious concern for me. I will not divulge any information shared in our work together without your express, written permission, except under the following circumstances:

- That, in my opinion, you are a danger to yourself or others
- That, from the information you share with me, I conclude that you or someone about whom you have been speaking is in danger
- That a court of law orders me to release any notes which I have kept concerning our sessions

I will, during the course of our work together, be seeking professional consultation. This is to ensure that you receive the best possible care that I can offer. While in consultation I will need, at times, to describe some practical details of our sessions. The same boundaries will apply to these details as I have described will apply to my notes. I will be seeking consultation only in terms of professional support of the work we are doing together.

Sessions are 125.00 plus taxes (140.00) payable at the end of each session by cash or cheque.

If you need to cancel or change your appointment please give 24 hours notice: sessions fees will be charged for missed appointments and late cancellations. If you need to contact me I may be reached at the phone number listed above. If it is an emergency and I am not available, please call the Need Crisis Line at 250-386-6323. I generally receive and reply to messages weekdays.

I look forward to a close, professional, relationship with you.

Warmly,
lisa mortimore

Client Signature _____ Date _____



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Intake Form

Name

Birth-date

Address

City

Postal Code

Phone

Messages ok? Yes No

Email

Emergency contact

Relation?

Phone

Doctor

Naturopathic Physician

Your other health professionals

Medications

Herbal supplements/vitamins

Previous surgeries and hospitalizations (include dates)

Do you have any health concerns?

Do you Experience: please check any that apply and put a p for one's you've experienced in the past

- depression
- anxiety
- panic attacks
- post traumatic stress disorder
- difficulties sleeping (too much; too little; falling asleep; frequent waking)
- lethargy, exhaustion
- outbursts of anger/rage
- difficulties relaxing
- overwhelm
- feelings of helplessness or being powerless
- self-harming behaviours – cutting/scratching/burning/other
- thoughts of death or dying
- disordered eating
- reoccurring dreams or nightmares
- feeling out of control
- high startle response
- irregular or painful menstruation
- constipation/diarrhea
- ulcers
- chronic pain
- migraines
- chronic fatigue syndrome
- fibromyalgia
- autoimmune illnesses
- heart disease
- hypothyroidism/hyperthyroidism
- other _____

Do you currently use any of the following (indicate how often, how much and for how long):

Alcohol

Tobacco

Coffee

Soft drinks

Black tea

Marijuana

Other substances

Describe your current living arrangements

Are you in a significant or intimate relationship yes/no? If yes, for how long?

Are you currently: working/student/ looking for work/retired/other

How would you describe your stress level?

Do you have a relaxation practice?

What kind of exercise schedule do you keep?

How did you hear about me?

Can I send a thank you card to this person?