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First Session Orientation

Thank you for choosing to work with me. I hope I can earn your trust and I look forward to walking alongside you on this journey.

Please print and complete the required paperwork prior to your first session. Completing this paperwork allows us to spend more time on clinical, rather than administrative, issues during the first session. If that is not possible, I ask that you arrive at least 15 minutes ahead of your first scheduled appointment so that you can read and complete these forms.

1. Welcome to Psychotherapy
2. Intake - Individual *or* the Intake - Partner
3. Email & Text Messaging Correspondence
4. Informed Consent
5. Financial Agreement & Disclosure
6. Agreement for Supervision (optional – Registered Psychologist benefits)

Some things to know and think about *prior* to our first session:

1. I will collect the paperwork, clarify the importance of confidentiality, answer all your questions, and address any concerns you might have about the paperwork or psychotherapy in general.
2. I prefer to have the name and contact information for your family doctor, previous psychotherapist, and specialists you are currently working with, however I will *not* contact them without prior written consent.
3. It is helpful for me to know about particular symptoms related to your reasons for seeking therapy. It can help us narrow our work and help me understand some of the issues we might focus on.
4. It is particularly helpful for the therapeutic process if you bring a list of goals for your time in psychotherapy. Please be specific if at all possible. This will help me better understand what ways counselling might be helpful and how your life might be different with counselling.

Cortney Pasternak Counselling
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Name:

Please place a checkmark in the boxes that correspond to current problems you are having:

- | | |
|-------------------------------------|--------------------------------------|
| Feeling sad [] | Loss of pleasure [] |
| Loss of interest in activities [] | Anxiety or excessive worry [] |
| Difficulty controlling worry [] | Difficulty concentrating [] |
| Problems with memory [] | Fatigue or loss of energy [] |
| Problems sleeping [] | Frequent irritability [] |
| Racing thoughts [] | Risky behaviors [] |
| Distractibility [] | Decreased need for sleep [] |
| Excessive spending [] | Frequent angry outbursts [] |
| Talking excessively [] | Feeling restless or “hyper” [] |
| Problems with appetite [] | Negative feelings about yourself [] |
| Feelings of guilt [] | Feelings of hopelessness [] |
| Tension or muscle tightness [] | Feeling bored [] |
| Feeling “different” from others [] | Lack of control over life [] |
| Problems with relationships [] | Lack of self-esteem [] |
| Pessimism [] | Thoughts of harming others [] |
| Drug or alcohol problems [] | Thoughts of suicide or self-harm [] |
| Shyness [] | Confusion about career choice [] |
| Lack of direction in life [] | Need for more fulfilling life [] |
| Feeling stagnant [] | Feelings of helplessness [] |
| Social anxiety [] | Problems with trust [] |

Of all the problems you checked, please **underline** the three that are the most troublesome at this time.
What do you hope to gain by coming to therapy?

Name: _____

Address: _____

Phone Number: Cel: _____ Home: _____

Email address: _____

Can I contact you at this number? Y ___ N ___ Can I contact you at this Email: Y ___ N ___

Can I leave messages at this number? Y ___ N ___

Can I leave messages with third parties at this number? Y ___ N ___

Can I text at this number: Y ___ N ___

Do you regularly check messages? Email: Y: ___ N: ___ Phone: Y: ___ N: ___

For whom is the counselling service: _____

Age: _____

DOB: _____

Do you have children?: Y ___ N ___ If so, how many and what are their ages?

Emergency Contact: _____

Relationship to you: _____

What is/are the main issues bringing you to counselling?

What are your main goals for counselling? _____

Are you on any medications we should be aware of? _____

Do you have any serious allergies I should be aware of? _____

How did you find out about my services?

Google Search _____ / Psychology Today _____

Referral (Name) _____

GOALS FOR THERAPY: (List all and use back if required)

1.

2.

3.

Do you have any other significant medical problems that I should be aware of?

Is there a history of substance abuse that might be helpful to know?

Are you taking any medications?

How were you referred to our office?

How did you find out about my counselling services?

Please indicate any previous counselling experience?
