



Klassen Counselling & Neurofeedback

Name (include your partner's name if coming as a couple)

Last _____ First _____ DOB _____

Last _____ First _____ DOB _____

Name of parent(s) / guardian(s) (if you are under 18 years):

Last _____ First _____ DOB _____

Marital / Relationship Status _____

Length of Marriage / Relationship _____

Please list any children and ages _____

Mailing Address _____

Contact Information

Home / cell phone (_____) _____ May I leave a message? Yes No

Phone (partner) (_____) _____ May I leave a message? Yes No

If you would like e-mail appointment reminders, please provide your email address

Referred by (if any) _____

(If coming as couple, please both fill out the following)

When were you last examined by your doctor? _____

List any major health problems for which you are currently receiving treatment

List any medications you are currently taking _____

Any history of mental illness or addiction? Y / N – If yes, please describe

Have you seen a counsellor / therapist before (individual or couples)? Approximately how long ago? Are you currently seeing a different counsellor?

What is your current occupation (if applicable)? _____

Communication Policies

The therapeutic relationship prevents any other kind of relationship from occurring outside of the office. If interactions occur in public, your counsellor will not initiate conversation or greeting but will respond if you initiate. For your privacy, things will be kept brief.

Communication Between Us

To cancel or reschedule appointments, please contact the office at 778-240-5794 or email office@klassentherapy.com. Your message will be returned in one to two business days.

Legal Responsibilities

It is legally necessary to provide confidential information to others under certain circumstances. These include:

Duty to Warn and Protect: It is required by law to report any plans for self-harm or intent to harm another person. If the person is a minor, it is required to report this information to their guardian(s).

Abuse of Children and Vulnerable Adults: It is required by law to report if a child or vulnerable adult is being abused, has recently been abused, or is in danger of being abused.

Minors / Guardianship: Parents or legal guardians of non-emancipated minors have the right to access the minor's records under certain circumstances.

Court Subpoena: It is required to comply with a court-ordered subpoena.

Session Length

A typical session is 50 minutes in length. 1.5 hour sessions are 80 minutes. 2 hour sessions are 110 minutes. The extra 10 minutes are used to complete session notes.

In the last few minutes of each session, rebooking and session payment will be completed. Sometimes things might be left unfinished at the end of a session and will have to wait until the following session to be addressed.

First Session

Upon entering the office suite, please remain in the waiting room and I will come out to you there.

Fees and Payment

Current fees are as follows:

Neurofeedback - \$130 / 50 min (+GST). Individual counselling - \$140 / 50 min (+GST). Couples or Family counselling - \$150 / 50 min (+GST). Cash, debit, cheque, or e-transfer are accepted. Please write cheque in advance and make it out to Kevin Klassen.

Cancellation Policy

A minimum of 48-hours notice is required to cancel without penalty. Cancellation notice of 24-48 hours results in a 1/2 session fee. Less than 24-hours notice requires the full session to be paid.

Thank you for completing this intake and for respecting these policies. SEP

Please provide your signature (and your partner's if applicable) if you understand and agree to this document.

Your Signature _____ Date _____

Partner's Signature _____ Date _____

Other Family's Signature _____ Date _____

Parent(s) / Guardian(s) Signature (if minor) _____

Date _____

Parent(s) / Guardian(s) Signature (if minor) _____

Date _____