New Client Information Collection Form

Basic Information

Name

Preferred Pronouns

DOB

Phone

Email

Address

Referral Source

If you are seeking couples/family sessions, provide *basic information* of **all** the individual(s) attending

Preferences and Accommodations

Preferred Location

Waterloo ☐ Brantford ☐ Six Nations ☐ Virtual ☐

Do you have any accommodation needs? (communication needs, mobility barriers, health conditions)

Yes ☐ No ☐ If yes:

Preference in clinician (Gender, Indigenous/non-Indigenous)

General availability: Mornings, afternoons, evenings, specific days of the week.

Mornings ☐ Afternoons ☐ Evenings ☐ Flexible ☐

Billing and Insurance

Insurance coverage:

- ☐ Registered Social Worker (RSW)
- ☐ Registered Psychotherapist (RP)
- ☐ Both (RSW and RP)
- ☐ N/A

Alternate coverage:

- ☐ NIHB — Status # _____
- Other: _____

Preference in clinical experience:

- ☐ Student Intern — in practicum — $85/50-minutes
- ☐ Foundational Clinician — >2 years experience — $175/50-minutes
- ☐ Advanced Clinician — 2-10 years experience — $185/50-minutes
- ☐ Specialized Clinician — 10+ years experience — $190/50-minutes

Please note: We try our best to accommodate needs, but it is not always possible to meet all criteria. Options will be provided that align with the majority of your preferences.

Reasoning for Services and Mental Health History

Reasoning for seeking services:

Is this your first time seeking services? ☐ Yes ☐ No

If no, were these sessions helpful?

Do you have any diagnosed/undiagnosed mental health conditions? ☐ Yes ☐ No

If yes, please specify.

Do you have a history of mental health challenges?

Have you ever been hospitalized for reasons related to mental health? Yes ☐ No ☐ If yes, how recently and are there safety concerns?

Is there a history of substance abuse? Yes ☐ No ☐ If yes, are you currently using and how often?

Caregiver Information (under 14 years)

Caregiver(s) Name

Phone

Email

Does the child reside with you? Yes ☐ No ☐ **Is there a custody agreement in place?** Yes ☐ No ☐

If there is a custody agreement in place, are you able to provide us with a copy?

Is there any additional information you feel would be helpful to ensure the sessions are successful:

Thank you for completing this form.

Please send a completed copy to: info@qualiacounselling.com

You can expect a timely response including clinician options and next steps.

If you have any questions or trouble accessing/completing this form, please contact our office for support.

435 The Boardwalk, Medical Centre 2, Suite 406
Waterloo, ON

519-742-0500
www.qualiacounselling.com