



POLO HEALTH + LONGEVITY CENTRE COUNSELLING INTAKE FORM

Date: _____

Name(s) : _____

Date of Birth: _____

Address: _____

Phone Number: OK to call OK to leave message

(Home) _____ Yes / No Yes / No

(Cell) _____ Yes / No Yes / No

Email: _____ Yes / No

Were you referred by another practitioner in Polo Health + Longevity Centre?

If yes, name (s) of your practitioner(s): _____

As part of a therapeutic team at Polo Health + Longevity Centre, the counsellor will interact with that practitioner as part of a holistic plan.

Is that okay with you? Yes / No

In case of emergency, please notify: _____

Phone Number of Emergency Contact: _____

Any additional information that you feel would be helpful for us to know prior to our first session:

Rules of Confidentiality:

Protection of your personal information is an extremely high value at Polo Health + Longevity Centre. In the event that there is a need for disclosure of information, you as a client will first be consulted & asked to sign an authorization form for release of information. The authorization form will specify what information is to be released as well as a time frame during which the information may be released.

Exceptions to Confidentiality:

There are legal exceptions to personal confidentiality & they are as follows:

- ⇒ The courts may request case files for purposes of litigation or to settle a claim.
- ⇒ In the event of the client being a minor (under the age of 19), the parent or guardian is required to give consent for the counselling.
- ⇒ Abuse of a child, elder or disabled person has been reported or is strongly suspected.
- ⇒ The client has threatened to harm either himself / herself or others.

Please discuss any concerns regarding the services &/or the confidentiality statement with your counsellor prior to signing this agreement.

Complaints:

Each of the counsellors at Polo Health + Longevity Centre has a governing body. Your counsellor will provide you with contact information as well as their personal licence number if you should ever feel the need to file a report.

Fee Structure:

Service Rendered	Per Hour
Individual Session	\$150.00
Couple Session (90 minutes)	\$225.00
Family Session (90 – 120 minutes)	\$300.00
Phone Consultation	\$2.00 / min.
Filling Out Ordinary Printed Form	\$110.00
Short one page letter for any professional (lawyer, doctor, insurance company etc.)	\$110.00
Photocopying – per page (8&1/2 x 11)	.25
Photocopying – per page (11 x 17)	.30

Third-Party Billing / Extended Health Benefits:

Your session can **sometimes** be submitted to Extended Health Benefits, EAP, RHAP and ICBC or other direct payment services. It will be the responsibility of the patient to pay for their counselling services directly and then you will be responsible for submitting your claim to your insurance provider.

Please note that **not all** Insurance Companies cover counselling fees. It is your responsibility to confirm with your insurance company prior to beginning our work together.

Missed Appointments:

Patients must provide a **minimum** of 24 hours notice for all cancellations or the patient will be charged on their credit card for the full session.