



**KalenMarquis.com**

**Therapist-Educator-HumanBean**  
Registered Clinical Counsellor

#102-258 Sixth Street,  
New Westminster, BC,  
Canada V3L 0G6

[kalenmarquis@live.ca](mailto:kalenmarquis@live.ca)

Text: 778-994-7570

## CONFIDENTIAL CLIENT INFORMATION & INFORMED CONSENT

Your complete name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email: (please print in capital letters) \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Person to alert in the event of medical emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's first name: \_\_\_\_\_ Age: \_\_\_\_ Years in relationship: \_\_\_\_

Children (gender, age): \_\_\_\_\_

Please describe any significant current or past medical problems:

\_\_\_\_\_

Please list any medications you currently take \_\_\_\_\_

Have you had previous counselling? \_\_\_\_\_

Have you ever been hospitalized for a psychological difficulty? \_\_\_\_\_

In your own words, what is the nature of the concern (s) that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by (if applicable) \_\_\_\_\_

How did you hear about Kalen Marquis, RCC: \_\_\_\_\_

Other contacts or referrals for support made? (counsellor, psychologist, psychiatrist, specialist, neurologist, occupational therapist, community support agencies, etc. )

\_\_\_\_\_  
\_\_\_\_\_

**CLIENT CONFIDENTIALITY & INFORMED CONSENT:** I understand the limits to client confidentiality as outlined on the KalenMarquis.com website and on the attached forms. I understand that counsellors have a legal duty to report all instances of child abuse or neglect as well as the duty to warn or seek additional help in circumstances where there may be injury or harm to the client or others. Counsellors are also required to testify during legal proceedings before a judge.

Occasional Email Contact between Sessions (note, quotation, encouragement): **yes/ no**

Greetings in Public Places: **yes/no** (\*usually left up to client(s) to initiate)

Subscribe to private (bcc) group email list for Kalen Marquis **yes/no** or Kwil.Club **yes/no**

While clients often look forward to counselling and feel lighter after a session, deep therapeutic work can sometimes be emotionally taxing. Given that avoidance or overwhelm (which you are always encouraged to talk about) may sometimes occur, I need to know:

- 1) In the event of a missed appointment, please contact me (**yes/no**) and/or my emergency contact (**yes/no**).
- 2) In the event that I stop attending counselling without notification or discussion, please contact me (**yes/no**) and/or my emergency contact (**yes/no**).

I understand that payment for missed appointments may be due at the next counselling session.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature x \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature x \_\_\_\_\_

## Inventory of Common Problems

Please look over this list of some of the common reasons that people may seek counselling. Feel free to share this inventory with me in whole or part in writing or verbally as we work together. While it is very helpful for me to get a full picture of your areas of concern at the beginning to get a better understanding and make best use of our time, the counselling time and process is yours.

**1 = not at all    2 = a little bit    3 = moderately    4 = quite a bit    5 = very much**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Feeling depressed, sad, dejected?					
Blaming, critiquing, condemning myself?					
Feeling discouraged or like a failure?					
Suicidal thoughts or concerns?					
Feeling irritable, tense or nervous?					
Feeling fearful?					
Spells of terror or panic?					
Feeling like "I'm going to pieces"?					
Work problems?					
Difficulty caring about or concentrating on work?					
Indecision or concern about choice of career or study?					
Feeling like I'm not doing as well at work or study as I should?					
Household stresses (housing, finances, parenting, eldercare?)					
Problems with romantic or sexual relationship?					
Family problems?					
Difficulty getting along with others?					
Feeling lonely or isolated?					
Physical health problems or fears?					
Headaches, faintness or dizziness?					
Eating, appetite or weight problems?					
Trouble sleeping?					
Concern about substance use or abuse: smoking, alcohol, pain medication, prescriptions, marijuana, street drugs, other?					
Other:					
Other:					

**NOTE:** Gaining awareness as well as the courage and trust to share your concerns may develop over time. Go slowly and gently and yet trust that there is usually so much to experience out there beyond our often limiting beliefs and/or current 'comfort zone.' This is the purpose of counselling. Expanding awareness and creating the room for acceptance and/or change can be very powerful. We are often stronger than we give ourselves credit for and some things may not even be as bad as they seem. Perspective, they say, is everything and very often it is what we resist that persists. ☺ Please share what you can when you can.