

Telephone Counseling Intake Form and Informed Consent

Please print off this form, fill it out, sign it and mail it to the following address:

**Living in Freedom Therapy (Gerry Pettyjohn)
117 Autumnwood Dr., Steinbach, MB R5G 2C3**

CLIENT INFORMATION

Last name:		First:	
Street:		City:	Postal/Zip Code:
Phone:	Email:		Date of birth:
Age:			
Marital Status:	Name of partner/spouse:		
Children (Provide name, age, sex):			
Occupation:		Employer:	
Religious affiliation (Christian, other, none):			
How did you find out about Living In Freedom Therapy?			
Fees are based on a sliding scale. Please indicate your total annual family income:			
Less than \$30,000 _____	\$30,000-\$40,000 _____	\$40,000-\$50,000 _____	
\$50,000-\$75,000 _____	More than \$75,000 _____		

CLIENT HEALTH

Please describe any physical problems:	
Mental disorders (self or family):	
Addictions (sex, drugs, alcohol, gambling, food, etc.)	
Current medications (reason for medication):	
Have you had previous counseling?	Was it helpful?
Reason for seeking counseling now:	
Have you ever attempted suicide?	Are you contemplating suicide?
What is your current level of stress (10=extremely high to 1=extremely low)?	

CONFIDENTIALITY

By law and professional ethics, your sessions are strictly confidential except under the following circumstances:

- If I am ordered by the court to testify or release records about you, I am obligated to do so.
- If you are the perpetrator of child abuse (includes viewing child pornography) I am required by law to report this to the authorities.
- If you are the perpetrator of elder or dependant adult abuse I am required by law to report.
- If you threaten to harm yourself, someone else or the property of others, I am required to report.

WHAT TO EXPECT IN THE COUNSELING PROCESS WITH GERRY

- You are entering into a relationship that has the potential to transform your life.
- Your problems will be identified and professionally treated.
- This is not a place for "quick fixes." Change takes time, commitment and hard work.
- Clients who are serious about change will commit to several months of therapy based on their individual needs. One session per week provides good momentum for change.
- Counselling is not always easy. You will be supported and understood but expect to be challenged as well. You may feel worse before you feel better but if you are committed to the process, you will feel better, look better and your life will improve.
- At times you will like me but at times you will be angry with me as I point out your resistance and challenge you in areas that are difficult for you to confront.
- I am committed to be your anchor and will be with you every step of the way.

In addition, I view people from a Christian perspective. I believe that everything and everyone is created by God. On the basis of this belief, I think all people should be treated with dignity, respect and value regardless of their belief system or lifestyle choices. I will not force my values upon you. However, my values may appear in my counseling style. Please feel free to ask me about my beliefs or any concerns you may have.

CREDENTIALS, FEES AND CANCELLATION

Credentials of Gerry Pettyjohn:

- Bachelor of Arts degree in Psychology
- Master of Arts degree in Counseling
- Certified Sexual Recovery Therapist

Fees are based on the following sliding scale:

Total Annual Family Income	Fee per 55-minute session
Less than \$30,000	\$40
\$30,000-\$40,000	\$50
\$40,000-\$50,000	\$60
\$50,000-\$75,000	\$70
More than \$75,000	\$80

- 24 hours notice is required if you wish to cancel your appointment.
- Clients are responsible for payment of the fee for late cancellations and missed sessions.
- The fee is to be paid at the **beginning** of each session by check or cash.
- You can **prepay** by credit card through the PayPal link at www.livinginfreedom.ca.
- Please make checks payable to Gerry Pettyjohn.

Print name:

Signature:

Date: