



CLIENT INTAKE FORM MBSR

This form is confidential. Your answers will help me design a curriculum that will maintain your emotional and physical safety, as well as maximize the effectiveness of the program.

Legal Name _____ Today's Date _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Leave Message? Yes _____ No _____

E-Mail Address _____ Birthdate _____ Age _____

Emergency Contact _____ Relationship to contact: _____
Name and phone number

Are you currently employed? Yes _____ No _____

If yes, what is your current employment situation? _____

Do you enjoy your work? Is there anything stressful about your current work? _____

FAMILY HISTORY

Relationship (or Couple) Status _____

How would you rate your current relationship? unhealthy 1 2 3 4 5 6 7 8 9 10 healthy

Family and household members (includes housemates, spouse, partner and all children. Continue on back if needed. Clarify if client is a minor from two households (include any different last names.)

Name	Age	Gender	Relationship	Living with you?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PHYSICAL HISTORY

How would you rate your current physical health? unhealthy 1 2 3 4 5 6 7 8 9 10 healthy

Please list any specific health problems you are currently experiencing: _____

List any medications, including the amount, that you are taking or have taken in the last three months. _____

How would you rate your current sleeping habits? unhealthy 1 2 3 4 5 6 7 8 9 10 healthy

Please list any specific sleep problems you are currently experiencing? _____

How many times per week do you generally exercise? _____

What types of exercise do you participate in? _____

Please list any difficulties you experience with your appetite or eating patterns: _____

Do you or have you ever meditated? Yes _____ No _____

Do you or have you ever practiced yoga? Yes _____ No _____

Do you have any further physical concerns that may alter the ability to participate in this course?

MENTAL HEALTH HISTORY

Are you currently undergoing therapy for mental health reasons? Yes _____ No _____

If yes, please explain: _____

Have you ever undergone therapy for mental health reasons? Yes _____ No _____

If yes, please explain: _____

What treatment or techniques are you using or have you used to manage your symptoms? _____

Have you ever experienced physical, emotional, sexual or mental trauma? Yes _____ No _____

If yes, please describe: _____

What treatment or techniques are you using to manage this/these experiences? _____

What significant life changes or stressful events have you experienced recently: _____

How would you rate your current mental health? unhealthy 1 2 3 4 5 6 7 8 9 10 healthy

STRENGTHS & INTENTIONS

What is your purpose in attending the Mindfulness Based Stress Reduction Course? _____

What is working in your parenting or caregiving relationship? _____

What isn't working in your parenting or caregiving relationship? _____

What coping mechanisms do you find yourself using to work through challenge and stresses?

What do you consider to be some of your stressors or worries? _____

What do you consider to be some of your strengths? _____

What forms of self care do you engage in currently? _____

ADDITIONAL INFORMATION:

Is there any reason you might not be able to attend all 8 sessions or the full day silent retreat?

MBSR PROGRAM QUESTIONS:

Do you have any questions about this program? _____

Do you have any concerns about this program? _____

Do you have access to a yoga mat? Yes _____ No _____

Do you have access to a zafu (meditation pillow)? Yes _____ No _____

Are you driving ? Yes _____ No _____ If so, please note that there is limited parking in front of the church and on Aylmer Street. Please give yourself enough time to find parking before each session!

How did you find be brave * be kind * be present: _____

LIMITS OF CONFIDENTIALITY

Contents of our group process are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date



CANCELLATION POLICY

If you are unable to attend a class, please contact Rebekka via text (613.762.8028) or email: rebekka@bebravebekind.ca. I will forward you the lesson plan and any expected homework to ensure that you do not miss anything.

If for any reason you must withdraw from the program in the first two weeks, I will return the registration fee minus the \$100 deposit (which is non-refundable). I am happy to forward that deposit to future workshops or programming. After the 2nd week, I'm afraid that I am unable to return your registration fee.

Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date



Rebekka Wallace Roy, MSW RSW
613.762.8028
www.bebravebekind.ca

These forms (intake, disclosure, confidentiality, cancellation and information) ensure that you can make an informed decision to treatment. Please know that you have the right to choose a therapist that best suits your needs and purposes. Not all therapists will fit your needs. The following information is designed to help you in the decision process but please also ask any questions or raise concerns at any time.

EDUCATION, TRAINING AND EXPERIENCE:

I am a Registered Social Worker in Ontario. I have a Masters Degree in Social Work, with a focus on Sexuality, Gender Identity, Chronic Pain, and Violence against Women from Carleton University. I received my Sex Therapy Certification in 2007 and am a trained EMDR clinician. I have also completed my MBSR Teacher Training with a focus on Mindful Parenting.

My experience working with marginalized communities (Indigenous families, Women and Men living in Poverty, Anti-violence and sexual trauma, as well as families identifying as Gay, Lesbian, Bisexual, Queer, Two-Spirit, Queer or Questioning) has provided me with a broad base of knowledge, experience and training. I use an eclectic and collaborative therapeutic approach that is grounded in mindfulness, feminist and strength based therapy. I will value your perspective, your skills and your feedback throughout this journey.

CONFIDENTIALITY:

Our sessions, and the information that we discuss within them, is confidential and will not be shared with individuals outside my practice without written consent, except where disclosure is required by law. However, I do participate in supervision and case consultations with other mental health professionals to ensure that I can provide you with the best treatment possible. No identifying information will be disclosed - please let me know if you have questions about this process.

EMERGENCIES:

If there is a life threatening emergency, DO NOT try to contact me first. Instead immediately phone 911 and request intervention. If the situation is not life threatening but you are experiencing a crisis, you may try to contact me at 613.762.8028. I will do my best to get back to you as soon as possible.

I _____ have read and understand all the information provided on the policies and procedures form, and agree to all terms described therein.

Client Signature Date

Client Signature Date

