

**Intake Form and Informed Consent** Gerry Pettyjohn B.A. Psychology, M.A. Counselling Certified Sexual Recovery Therapist

CLIENT INFORMATION							
Last name:		First name:					
What town/city are you from?		Cell Phone #:					
Email:		Birth date:		Age:			
Marital Status:		Name of spouse/partner:					
Years dating:	Years common law:		Years married:				
Have you been previously married/ common law?	Do you have children?		How many children?				
What is your occupation?							
Spiritual beliefs: Christian, Catholic, Muslim, Jewish, Hindu, Buddhist, Atheist, Agnostic, Other							
Have you had previous counselling?		Was it helpful					
Reason for seeking counselling now (ci pression, anxiety, intimacy anorexia, s	,	<i>i i</i>	ddiction, infidelity,	sexual betrayal trauma, de-			

## **Informed Consent**

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

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

**You are entering into a counselling 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. Counselling is not always easy. You will be supported and understood but expect to be challenged as well. **Regarding spirituality**, Gerry views people from a Christian perspective. He believes that everything and everyone is created by God. On the basis of this belief, Gerry thinks all people should be treated with dignity, respect and value regardless of their belief system or life-style choices. Gerry will not force his values upon you. However, his values may appear in his counselling style. Please feel free to ask Gerry about his beliefs or any concerns you may have.

## **Counselling Fees** are \$90.48 + GST = \$95.00.

- Payment is made at the beginning of each session by debit card, credit card, or cash.
- **24 hours' notice is required** if you wish to cancel your appointment.
- Clients are responsible for payment of the **full fee** for **late cancellations** and **missed sessions**.

**If** you want me to process your payment before you arrive for your next session(s) **or** if you are setting up telephone counselling, please provide credit card information:

Card #

Caru #				
(Your credit card	will be charg	ed for late cand	cellations or misse	d sessions.)

\_\_\_\_\_ Expiry Date: Month\_\_\_\_\_ Year\_\_\_\_\_

I have read and understand the above statements and agree to the session fee payment and the late cancellation/missed session policy:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_