Zenful Counselling Consent and Intake Form

Melissa Lanteigne, MEd, CCC, LCT

The purpose of this statement and consent form is to inform you of my professional background, my approach to counselling, and important details of the counsellor-client relationship that we will follow. If you have any questions regarding anything, please feel free to ask. We will go over this together the first session.

Education and Credentials:
I am a Canadian Certified Counsellor (CCC; 10004099) through the Canadian Counselling and Psychotherapy Association (CCPA), and a Licensed Counselling Therapist (20-014) through the College of Counselling Therapists of New Brunswick (CCTNB). I adhere to the regulations, standards of practice and ethical principles of the Canadian Counselling and Psychotherapy Association, and the College of Counselling Therapists of New Brunswick. I completed my Master of Education at UNB in Counselling May 2018 and became a certified Yoga Instructor August 2019. Most recently I completed my EMDR training January 2023.

Approach to Counselling:
I tend to take an existential approach to counselling focusing on life's big topics including meaning, death, freedom, isolation, and responsibility. I strongly value independence and believe by increasing awareness clients can take responsibility for their actions and increase their sense of control over their own lives. My personal theory of psychotherapy includes both Acceptance and Commitment Therapy (ACT) and Solution Focused Brief Therapy (SFBT). ACT has a core message to "accept what is out of your personal control and commit to action that which improves and enriches your life." SFBT's view of the future as a "negotiable space laced with possibilities" connects well to the optimism I aim to embody in my daily life and my therapeutic focus tends to be strength based. I also am able to implement Eye Movement Desensitization and Reprocessing (EMDR) to heal past traumas, negative beliefs or experiences.

I am open to seeing individuals of all ages for a variety of mental, emotional, spiritual, and physical health challenges and services including, but not limited to:

- Stress
- Anxiety
- Relationships
- Trauma
- Yoga and Mindfulness
- Eating/Weight Challenges
- Life and Career Transitions
- Depression
- Chronic Illness
- Substance Use/Abuse
- Identity
- Self-Regulation of Emotions

Name_____ Date of Birth _____

Pronoun(s) of Choice (i.e. she/her, he/him, they/them, etc) _____

Address_____
Street/Apt. Post Office Box (if applicable)

_____
City Province Postal Code

Telephone/Cell_____ Work Telephone_____

Email Address_____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____

Occupation_____ How were you referred?_____

What are the main concern(s) and/or goal(s) for our time together? _____

_____

_____

_____

_____

Current Feelings Checklist: (check once for any feelings present, twice for major feelings)

( ) Angry	( ) Guilty	( ) Unhappy	( ) Annoyed	( ) Happy	( ) Bored	( ) Sad
( ) Conflicted	( ) Restless	( ) Depressed	( ) Regretful	( ) Lonely	( ) Anxious	( ) Hopeless
( ) Content	( ) Fearful	( ) Hopeful	( ) Excited	( ) Panicky	( ) Helpless	( ) Optimistic
( ) Energetic	( ) Relaxed	( ) Tense	( ) Envious	( ) Jealous	( ) _____	( ) _____

Current Behavior Checklist: (check once for any behaviors present, twice for major behaviors)

( ) Depressed mood	( ) Racing thoughts	( ) Excessive worry
( ) Unable to enjoy activities	( ) Impulsivity	( ) Anxiety attacks
( ) Sleep pattern disturbance	( ) Increase risky behavior	( ) Avoidance
( ) Loss of interest	( ) Increased libido	( ) Hallucinations
( ) Concentration/forgetfulness	( ) Decrease need for sleep	( ) Suspiciousness
( ) Withdrawl	( ) Suicidal thoughts	( ) Procrastination
( ) Lack of motivation	( ) Attempts of Suicide	( ) Aggressive behavior
( ) Change in appetite	( ) Excessive energy	( ) Decreased libido
( ) Excessive guilt	( ) Increased irritability	( ) Crying spells
( ) Fatigue	( ) Change in substance use	( ) _____
( ) Difficulty sleeping	( ) Self harm behaviors	( ) _____

Current Physical Checklist: (check once for any symptoms present, twice for major symptoms)

( ) Headaches	( ) Stomach Problems	( ) Skin Problems	( ) Dizziness
( ) Dry Mouth	( ) Palpitations	( ) Fatigue	( ) Back Pain
( ) Muscle Spasms	( ) Twitches	( ) Chest Pain	( ) Tension
( ) Rapid Heart Beat	( ) Vomiting	( ) Tremors	( ) Hear things
( ) Unable to relax	( ) Fainting spells	( ) Blackouts	( ) Numbness
( ) Tingling	( ) Bowel disturbances	( ) Excessive Sweating	( ) Watery eyes
( ) Hearing problems	( ) Visual disturbances	( ) Don't like being touched	( ) _____

Current Medications (vitamins, prescription or others): _____

_____

Current Health Care Providers:

Type	**Name(s)**	**Dates**	**Care Provided**
Physician			
Mental Health			
Specialists			
Alternative			
Other (i.e. chiropractor, reflexologist, massage therapist, naturopath, etc)			

Relationship History and Current Family:

Are you currently: ( ) Married ( ) Partnered ( ) Divorced ( ) Single ( )Widowed How long? _____

If not married, are you currently in a relationship? ( ) Yes ( ) No If yes, how long? _____

Describe your main support people: _____

_____

_____

_____

Trauma History:

Have you experienced abuse (i.e. emotionally, sexually, physically, verbally, etc)? ( ) Yes ( ) No

Do you have a history of any type of trauma (i.e physical trauma, traumatic event, etc.)? _____

_____

_____

Learning Style:

How would you describe your learning style? _____

Describe the best way(s) to provide information to you (i.e. written, videos, audio, in-person, etc)

_____

_____

Lifestyle Habits:

What would you identify as your healthiest coping strategies? _____

_____

_____

What would you describe as your less than optimal coping strategies? _____

_____

_____

Do you feel you struggle with substance use? _____

Please describe the current stressors in your life _____

_____

_____

_____

Session Duration and Payment Information:
Individual sessions are 50 minutes in length. The cost of a session is $175/hr. Payment is required at the start of each session. Payment is required directly by the Individual and receipts will be provided within 24 hours to access applicable benefits.

I claim full responsibility for services rendered and understand that payment is required in full at the time of service.

Signature Date

Parent/Guardian Signature (if under the age of 18) Date

Cancellation Policy:
If you need to rebook a session, please call **506-260-8624** and leave a message if no one answers or email **zenfulcounselling@gmail.com**. I require a minimum of 24 hours notice of a cancellation or full payment is required.

Legal and Ethical Issues:
I will commit to being respectful of all the information I receive about you and will keep this information confidential. Generally, the information that you provide to me is confidential, unless you have given clear, written, consent to share information with a particular person, organization, or insurance company. Your file is kept in a locked filing cabinet. There are some **limits to confidentiality** which are as follows:

I can release information to an appropriate person or organization if:

- I believe that you are, or may become, a danger to yourself or an identifiable third party.
- I suspect that a child is being abused or neglected.
- Your file is subpoenaed by a court of law.
- If you request disclosure of your file.
- If you file a complaint or claim professional liability in a lawsuit.

I am committed to being respectful of diversity in this counsellor-client relationship (such as gender, sexual orientation, physical and cognitive abilities, socio-economic status, race, ethnicity, religion, spirituality), and I will encourage open dialogue about my positioning, and that of you as my client(s).

If you do not feel you are receiving adequate counselling, the first step is to attempt to resolve the issue with me. If this is unsuccessful, we will terminate counselling. Please note that you will remain responsible to cover the cost of the sessions previously provided. If you believe I have acted unethically in any way, please report your complaint to the CCTNB Registrar (info@cctnb.ca) and CCPA (https://www.ccpa-accp.ca/ethics/).

Client Rights:
You, the client, have the right to guaranteed confidentiality as described above. You have the right to request or refuse any service or type of support offered by Melissa Lanteigne. You are strongly encouraged to exercise your rights, and to ask questions. The professional relationship means that there will be no other "dual role" provided as this would violate my professional Code of Ethics.

Statement of Agreement:
I have read and understand the information above. I understand the nature and limitations of the Counselling Services provided here from Melissa Lanteigne, MEd, CCC, LCT.

I understand the cancellation policy.

I understand that Melissa's phone number may be used for phoning *only* regarding appointments, and please note I will only respond between the hours of 9:00 am – 5:00 pm, Monday - Friday. This is not to be utilized for counselling services or emergency purposes, and confidentiality cannot be guaranteed. Please note I am unable to provide crisis services – I am generally able to schedule an appointment within 2-3 weeks at the time of booking.

I agree to Melissa Lanteigne collecting, using, and disclosing personal information as set out above. I understand the clause on confidentiality, including the limits of confidentiality.

By signing below, we both agree to participate in a counsellor-client relationship according to the guidelines set forth in this contract. Please sign, date, and keep a copy for your records. I look forward to working with you.

_____ _____

Counsellor Signature Date

_____ _____

Client Signature Date

Melissa Lanteigne, MEd, CCC, LCT
Office: 122 Graham Drive, Islandview, NB
Phone: 506-260-8624
Email address: zenfulcounselling@gmail.com