

office  
use

### Demographic Form

Please complete the appropriate parts of this document as fully, clearly, and honestly as you can for each person in your family/household. If you have any questions or concerns, speak with your therapist.

<b>❶</b> Wife/Female:	Birth:
Religion:	Cell #:
Occupation:	Work #:
E-mail:	

<b>❷</b> Husband/Male:	Birth:
Religion:	Cell #:
Occupation:	Work #:
E-mail:	

Address:	
City:	Home #:

<b>❸</b> Child:	m/f	Birth:
<b>❹</b> Child:	m/f	Birth:
<b>❺</b> Child:	m/f	Birth:
<b>❻</b> Child:	m/f	Birth:
<b>❼</b> Child:	m/f	Birth:

*please note if parents do NOT fully share custody for dependent children*

What do you want therapy to achieve?

## Presenting Issues

The following can affect therapy and may be factors in change. Use the numbers associated with each person listed on the first page to indicate which of these ideas, topics, or concerns have been part of your life(s). Feel free to add others and use the margins to make notes, draw lines ... to make your communication as clear as you can.

anxiety; racing thoughts; panic; obsessions; worry; stress; fears/phobias; tension; irritability; distractibility; disorientation; hallucinations	lethargy; apathy; lack of energy; procrastination; passivity; inability to relax; nightmares/terrors; fatigue; insomnia; lack of goals/ambition
headaches; dizziness; fainting; bowel problems; stomach trouble; lack of appetite	miscarriage/stillbirth; grief; death; abortion; mood swings; self-harm; suicidal ideas; depression
interpersonal conflict; parenting struggles; divorce/separation; work difficulties; loneliness; antisocial behaviour; anger management; lying/deceit; impulsivity	drug use; alcohol use; gambling; overeating; compulsions; perfectionism
helplessness; hopelessness; feelings of inferiority; self- esteem; shyness; body image	sexual addiction; pornography use; (same-) sexual orientation; high sex drive; low sex drive; infertility; STIs/STDs/VD
physical abuse; emotional abuse; sexual abuse; neglect	

## Background Information

It will be helpful to have the following information (answered as honestly as possible) for each individual who will be present in therapy.

Why are you coming to counselling?	
If you've been in therapy before, please explain when, why, and the general result:	
Explain your past/present <i>tobacco</i> use (frequency, amount, duration):	
Explain your past/present <i>alcohol</i> use (frequency, amount, duration):	
Explain your past/present <i>illicit drug</i> use (frequency, amount, duration):	
Explain your past/present <i>medical drug</i> use, including any birth control (frequency, amount, duration):	
Medical Doctor:	Office #:
Explain any conditions for which you are receiving current care:	
Explain any periods you have been hospitalized (excepting childbirth):	

Marital History

In the space below, outline the major points in your relationship. Begin when you first got together up to today, including dates. Note engagement, wedding, separation, divorce, remarriage, cohabitation, birth of children ....

Family of Origin

In the space below, explain any aspects of personality and/or relationship concerning your parents, siblings, grandparents, or any other people especially connected to you.

## Statement of Confidentiality

Although the information you give me is generally confidential, there are important exceptions of which you should be aware.

### 1. Responsibility to Therapy

If, in my opinion, therapy cannot properly continue unless something you tell me is shared with other family members, I may need to give you the choice of telling the others yourself, having me tell them, or ending therapy. Likewise, I have an ethical obligation to balance the interests of all family members. If you inform me of a situation that, in my opinion, is obviously harmful or unethical, I may give you the choice of fixing the situation (where possible), informing other family members, having me tell them, or ending therapy.

### 2. Duty to Warn and Protect

If, in my opinion, you pose a danger to yourself or others, I have a legal duty to act. For example, if you threaten someone's life, I am legally obligated to warn that person, even if you terminate therapy. If you threaten to commit suicide, I may have to notify members of your family and/or the police or other agencies. If I am informed of the neglect of or physical or sexual abuse of a child, I am legally required to contact protective services.

### 3. Court Orders

I do not voluntarily participate in litigation or other adversarial actions. If a proper subpoena is served however, a judge can compel me to release my records to a court or even that I testify.

### 4. Privacy of Minors

I encourage parents to allow their children therapeutic privacy (excepting for cases such as listed above). Parents do, though, have the right to be informed of what takes place in therapy with their underage children.

### 5. Professional Misconduct

Where I learn of the unethical behaviour of other therapists, at the least I usually need to file a complaint.

### 6. Fee Payment

If your financial account is allowed to lapse, when you've been given sufficient opportunity to bring it up to order, a collection agency may be given (only) enough information to settle the debt owed.

### 7. Supervision

I have a commitment to grow in my therapeutic abilities. This includes supervision by another skilled therapist. Some details from our sessions may be shared in this process, including that I may ask to video tape our session (you have the right to withdraw consent at any time, though signing this form indicates general agreement). My supervisor has an obligation to maintain confidentiality. You have a right to know the identity of my supervisor.

### 8. Ethical and Legal Responsibilities

I strive to follow all provincial laws and regulations, as well as the codes of ethics of the American Association for Marriage and Family Therapists ([http://www.aamft.org/resources/LRM\\_Plan/Ethics/ethicscode2001.asp](http://www.aamft.org/resources/LRM_Plan/Ethics/ethicscode2001.asp)) and the American Association of Christian Counselors (<http://www.aacc.net/about-us/code-of-ethics/>).

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## Disclosure Statement

12503 Cannington Way, SouthWest  
Calgary, Alberta



### Credentials

You are beginning therapy with Wayne J. Ottenbreit, a marriage and family therapist. Although Alberta does not licence such therapists, Wayne earned both a masters and specific training in marriage & family therapy from accredited institutions (further details are available on the website).

### Therapeutic Philosophy

You invite your therapist 'join' in your situation; he becomes an advocate for you/your relationship. Wayne does not believe any one therapeutic school best serves all clients. As a result he uses an approach drawing from the wisdom of different thinkers. The general foundation upon which your therapy will progress draws on a strengths-basis, logotherapy, and positive psychology. While respecting the rights of clients to make their own decisions, Wayne's practice is also informed by his beliefs as a committed Catholic – beliefs which therapy does not require you to share.

### Contact

Confidential voice mail is available at all hours (tel: (403) 281-2229), and contact can be made by e-mail ([ottenbreit@VIVENS.org](mailto:ottenbreit@VIVENS.org)). Since these involve wireless technology, absolute privacy cannot be guaranteed. Your therapist is not always personally available outside of office/appointment hours. If

you need emergency support, please call 911, or proceed to the nearest hospital.

### Fees

A regular counselling session runs fifty minutes. The fee of \$100 is due at this same session by the client – payable by cash, cheque, or credit card. Fees will NOT be billed to insurance nor other third party payors. Not all plans reimburse session fees; clients who will seek such repayment are advised to investigate. Appointments NOT cancelled at least twenty-four hours in advance can be charged to the client's account.

### Ending Therapy

Therapist and client work toward the end of therapy together by developing a goal(s) and a plan to reach it. If you ever feel that this therapy is not serving you properly, please bring this to the attention of your therapist. The plan can be changed, or our professional relationship can be ended, perhaps with a referral to a therapist who might be able to better serve you. Therapy typically takes between five and thirty sessions to reach its goal; this can obviously only be a rough guideline.

### Consent

These seven pages (consisting of ▲ Demographic Form; ▲ Presenting Issues; ▲ Background Information; ▲ Statement of Confidentiality; and ▲ Disclosure Statement) outline the substance of the relationship between you and your therapist. To properly enter into this process, you are required to sign below, *and* initial each of the previous pages, to indicate your agreement. You may revoke your consent whenever you wish by proper and timely notice to your therapist. Do NOT sign this form until you feel you understand it well enough. A copy can be provided to you (and a blank is available online at the website).

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Client(s)/Parent(s)

Date

As a custodial parent, my signature above also indicates my consent for any dependent child(ren) listed on the Demographic Form of this document to enter therapy according to the agreement contained on these pages.

*It is preferred that all individuals attending counselling, regardless of age, understand this document to their ability and sign on this page.*