

lisa mortimore

PLEASE DO NOT FILL OUT THIS FORM BEFORE CONFIRMING AN APPOINTMENT WITH ME.
PLEASE DO NOT EMAIL FORM.

Dear Client,

In order to be well informed about my policies and your rights as a client, I am providing you with this material. Please read this carefully and, if you need clarification on any of this information, please ask me before signing this form.

PSYCHOTHERAPY

Psychotherapy involves a great commitment of time, money and energy, so a therapist should be carefully chosen. It is important to feel comfortable and optimistic with the person you choose, and to discuss any reservations you might feel at the onset. If you could benefit from any treatments I cannot provide, need more availability than I have, or if for some reason I may not be the right therapist for you, I will offer some names of other therapists that might be better suited.

THE PROCESS OF CHANGE

Change is sometimes easy and swift, but more often slow and frustrating. As with any powerful treatment, there are both benefits and risks associated with psychotherapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, helplessness, or loneliness; recalling unpleasant aspects of your history; making poor decisions; delaying actions; and difficulties with other people. However, psychotherapy has been demonstrated to be of benefit for many people. A host of positive changes are possible, such as: lifting of depression and decrease of anxiety; reduction or elimination of trauma symptoms, freedom to experience your full range of emotions; greater integration and increased alignment with who you are; increased creativity; and, feeling more connected to self, others and the sentient world.

CONFIDENTIALITY

You have the right to privacy, confidentiality and professional behaviour. You also have the right to see files or information I keep regarding your work with me. Confidentiality is a serious concern for me. I will not divulge any information shared in our work together without your express, written permission, except under the following circumstances:

- That, in my opinion, you are a danger to yourself or others
- That, from the information you share with me, I conclude that you or someone about whom you have been speaking is in danger
- That a court of law orders me to release any notes which I have kept concerning our sessions

CONSULTATION

I will, during the course of our work together, be seeking peer and/or professional consultation. This is to ensure that you receive the best possible care that I can offer. While in consultation I will need, at times, to describe some practical details of our sessions. The same boundaries will apply to these details as I have described will apply to my notes. I will be seeking consultation only in terms of professional

SESSION FEE & LENGTH

Sessions are 70 minutes and 205.00 including tax payable at the end of each session. Longer sessions can be arranged and will be billed accordingly.

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FEE PAYMENT

Sessions can be paid by cash or cheque at the end of session. If you are paying by e-transfer please do so ahead of your session.

CHANGE OR CANCEL APPOINTMENT

I require 24 hours notice to change or cancel your appointment; sessions fees will be charged for missed appointments and late cancellations.

SICKNESS, COLDS AND FLUS

Please call and reschedule if you are ill or experiencing any cold or flu symptoms. I will do the same.

AVAILABILITY

Due to the nature of my teaching and writing practice I am unavailable and away from the office about one week a month and for a couple of weeks in the winter and most of July and August.

CONTACT OUTSIDE OF SESSION

I generally receive and reply to voice or email messages Monday through Thursday unless I am out of the office teaching or on vacation. Telephone calls that are primarily therapeutic in nature and extend more than ten minutes will be pro-rated and billed at the usual rate.

EMERGENCY/CRISIS

The nature of my practice is that I am unable to offer crisis response or ongoing support outside of sessions. If you are in crisis and need to speak with someone please call the Vancouver Island Crisis Line at 1-888-494-3888.

CLINICAL WRITING & TEACHING

Part of my professional practice is that of an educator. I do some clinical and professional writing and teaching. In doing so, clinical examples can be helpful to exemplify clinical material. I am extremely conscious of confidentiality and change the names and important identifying information when giving case examples. **If you are uncomfortable with me writing or teaching about our work together, please check here _____** Otherwise I will assume it is okay to do so, and I thank you in advance for potentially contributing to the education of others.

PERFUME FREE OFFICE

Please do not wear perfume to our sessions. Essential oils are fine but I am sensitive to synthetic or scented products with phthalates.

If you have any questions about the information stated above, don't hesitate to bring them up to me. Please do not sign this Informed Consent Form until you are satisfied that all your questions and concerns have been fully addressed. I truly appreciate the opportunity to be of professional service to you. I hope we will embark in a fruitful and transformative relationship.

Warmly,

Lisa Mortimore, PhD, RCC #2435

Client Signature _____ Date _____

INTAKE FORM

Name Birthdate

Address City Postal Code

Phone Messages ok? Yes No Email

Emergency Contact Relation Phone

Doctor Naturopathic Physician

Your other health professionals:

Medications:

Herbal supplements/vitamins:

Previous surgeries and hospitalizations (include dates):

Do you Experience: please check any that apply and put a p for one's you've experienced in the past

- depression
- anxiety
- panic attacks
- post traumatic stress disorder
- difficulties sleeping (too much; too little; falling asleep; frequent waking)
- lethargy, exhaustion
- outbursts of anger/rage
- difficulties relaxing
- overwhelm
- feelings of helplessness or being powerless
- self-harming behaviours – cutting/scratching/burning/other
- thoughts of death or dying
- disordered eating
- reoccurring dreams or nightmares
- gaps in awareness during your day
- feeling out of control
- high startle response
- irregular or painful menstruation
- constipation/diarrhea
- ulcers
- digestive irritation
- chronic pain
- migraines
- chronic fatigue syndrome
- fibromyalgia
- autoimmune illnesses
- motion sickness
- dizziness
- hypothyroidism/hyperthyroidism
- other_____

Do you currently use any of the following (indicate how often, how much and for how long)

Alcohol

Tobacco

Coffee

Soft Drinks

Cannabis

Other substances

How would you describe your stress level?

Do you have a relaxation practice?

What kind of exercise schedule do you keep?

How did you hear about me?