Centre for Wellbeing in Education
EDT 408, 2500 University Drive NW
Calgary, AB, Canada T2N 1N4
https://werklund.ucalgary.ca/centre-for-wellbeing-in-education

INDIVIDUAL COUNSELLING SERVICES
CENTRE FOR WELLBEING IN EDUCATION

This information is collected under the authority of s.33 (c) of the *Freedom of Information and Protection of Privacy Act.* It is required to evaluate your application for the psychological intervention program at the Centre. If you have any questions about the collection or use of this information, please contact the Centre by email: werklundcentre@ucalgary.ca

Client's Last Name: ____________________ **Client's First Name:** ______________________________

Date of Birth: _______ _____ ______ **Current Age:** ____________
Month Day Year

Client/Guardian: please initial each item to signify your understanding of, and agreement with, the following statements:

I have read and understood the Conditions of Service as outlined on the Centre for Wellbeing in Education website including the following requirements:

____ I acknowledge that the Centre for Wellbeing in Education is a teaching clinic and that interventions will be completed by graduate student(s) under the supervision of qualified Faculty and staff within the Counselling Psychology program, University of Calgary.

____ All counselling sessions are in-person and will be video recorded. Counselling will be conducted in rooms that allow for direct supervision via one-way mirrors and audio links to ensure you receive the highest quality care and support.

____ As a training facility that offers short-term interventions the clinic is not able to respond to the needs of individuals with the following concerns:

- High suicidality or risk of violence
- Crisis situations requiring urgent care
- Eating disorders
- Severe substance use
- Active psychosis or mania
- Involvement in litigation

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____ Services are available for individuals 14 years or older. In the case of minors, we require consent from parents or guardians with legal custody.

____ I hereby grant permission for staff from the Centre for Wellbeing in Education to read and screen the information provided by me as a basis for determining area of need and suitability for our students to provide service, and to contact prospective clients for a follow up interview.

____ ____
Name of Consenting Client or Guardian Signature of Consenting Client or Guardian:

____
Todays Date:

HISTORY FORM

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YOUR PERSONAL INFORMATION
Address:
City/Town/Postal Code:
Phone number:
Best time to call:
Email address:

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ADDITIONAL FAMILY INFORMATION

Please list all members of the primary household, including adults and children:

Name:	Age	Relationship to You

Family History: Tell us about your childhood and upbringing:

Has any family member had difficulty with any mental health issues (anxiety, depression, etc.)?

What is the primary language(s) spoken at home?

Do you have any health concerns to note (recurrent headaches, stomach aches, eating/sleeping difficulties, prescribed medications, diagnoses, etc.)? If yes, please explain.

PRIOR ASSESSMENTS AND INTERVENTIONS
Have you participated in individual or group counselling previously? ☐ Yes ☐ No
If YES, please provide further details:
Has your family participated in family counselling? ☐ Yes ☐ No
If YES, please provide further details:
Do you have any current diagnoses? ☐ Yes ☐ No
If YES, please specify:

Current Circumstances – why are you seeking service?
Please tell us about your current situation and what had led you to seek counseling supports:

What are your hope to achieve from counseling?
Please tell us what you would like to achieve as a result of engaging in this program:

Download and Save this Application – and email it to werklundcentre@ucalgary.ca

What happens next?

Once your application has been reviewed, you will be contacted by the Academic Director of Counselling or the Administrative Coordinator to determine eligibility for services. You can expect a call within approximately one-week of submitting your application.