Informed Consent and Confidential Intake Form for Marco Milani

My education and professional affiliations:

I am a Registered Therapeutic Counsellor with ACCT of Canada (number 2318). I have a Master-level degree in Clinical-Dynamic Psychology from Padua University in Italy. Since 2010 I am a member in good standing of the College of Psychologist of Veneto (number 7415).
I attended "AMISI school of Hypnosis and Psychotherapy in Milan" for 2 years, before coming to Canada to study politics at the University of Saskatchewan. I received my MA in political studies in 2015. The knowledge of social and political issues makes more conscious of their influence of people's mental and relational problems

My therapeutic approach: My counseling is essentially based on an authentic therapeutic alliance between client and therapist. I follow a humanistic – Person-Centered approach depending on the unique needs of the client.

Goals of therapy: Therapeutic goals are set collaboratively with the client. Some common goals are increased self-awareness, improved communication skills, improved relationships, increased self-esteem, improved mood, positive lifestyle changes, etc.
Client's rights: Clients have the right to participate in the ongoing counseling plans, to refuse any recommended services, and to be advised of the consequences of such refusal. Clients have a right to access their counseling records. Disclosure to others of information from these records only occurs with the written consent of the client and/or when required by law.
Confidentiality and the Limits of Confidentiality: Counseling relationships and information resulting there from are kept confidential. However, there are the following exceptions to confidentiality:
i) When disclosure is required to prevent clear and imminent danger to the client or others;
ii) When legal requirements demand that confidential material be revealed;
iii) When a child or one from the vulnerable sector is in need of protection.
I understand and accept the above statements and agree to enter into a counseling relationship with Marco Milani.

_____ _____
Client's signature Date

_____ _____
Counsellor's signature Date

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I Client Information
Name: _____
Address: _____
Phone: _____Email: _____
May we contact you by email? (Please Circle) Yes No
Is it okay to leave a message at the number provided? (Please Circle) Yes No
Date of birth: _____ Sex: M F
Marital Status: (Please Circle) Single Love Relationship Engaged Married Common-law Separated Divorced Widowed Spouses name (if applicable)
_____
Children's names Date of birth Age
_____ _____ ____
_____ _____ ____
_____ _____ ____
_____ _____ ____
_____ _____ ____
Person to contact in case of emergency: _____
Their relationship to you: _____ Phone #: _____

Please describe the issue(s) that you would like to work on in counseling.
_____
_____
_____
_____
_____
_____
_____

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Please read the following and circle YES or NO

Have you previously been involved in counseling? Yes No
Are you currently taking any medication? Yes No
Do you drink alcohol, use prescription pain-killers, sleep aids or non-prescription drugs? Yes No
Have you ever been hospitalized for mental health reasons? Yes No
Is there a history of mental health issues in your family? Yes No
Do you currently have thoughts of suicide? Yes No
Do you intend to carry them out? Yes No
Have you ever attempted suicide? Yes No
Have you ever been physically or emotionally abused? Yes No
Have you ever been sexually abused or assaulted? Yes No
Has there been any violence in any of your relationships? Yes No
Please add any additional information which may be relevant:

_____
_____
_____

II Fees and Payment Individual counseling fees: $_____
Couples and family counseling fees: $_____
Payments are to be made by email transfer.
There will be a charge if an appointment is missed without a minimum of 24 hours' notice.
Please consult with your human resources department or your insurance company to determine whether your employee extended benefit plan covers therapy provided by a Registered Therapeutic Counsellor. Receipts are given that may be eligible to reduce your income taxes.

III Authorization I certify that I have read and understand the above information to the best of my knowledge.
I certify that I have accurately answered the above questions. I have read the above fee schedule and I accept full responsibility for payment of counseling fees.
Signature of Client (or parent of a minor) _____
Date _____