



Child Information Form

Please Complete on Behalf of Your Child

Welcome. I look forward to working with you and your child. This form requests information about your family that will help me plan your child's care. Please complete this form as best as you can and email it to hello@solacepsych.ca or bring it to your first session. If you have any questions, we'll discuss these when you come in.

Date: _____ Type of Therapy: Child Family Group

CHILD'S INFORMATION

Child's First Name: _____ Preferred Name: _____

Child's Last Name: _____ Gender: Male Female Other _____

Date of Birth: _____ Age: _____ Ethnicity: _____ Preferred Pronoun: _____

School: _____ Grade: _____

Child Lives With: _____ Part Time Full Time

Primary Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone (if applicable): _____

Email (if applicable): _____

Siblings: Specify relationship (if biological, foster, adopted, or step-child)

NAME	AGE	GENDER	RELATIONSHIP	LIVES WITH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

People living in child's household other than siblings:

 Relationship: _____

 Relationship: _____

 Relationship: _____

 Relationship: _____

 Relationship: _____

FAMILY INFORMATION

Parent's Name: _____ Relationship to Child: _____

Gender: M F Other _____ Marital Status: Single Common Law Married Divorced

Occupation: _____ Company: _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Significant Medical Problems: _____
Mental Health Issues/Diagnosis: _____
Has anyone in your family had a mental illness? Yes No
Has anyone in your family ever attempted or committed suicide? Yes No
Does anyone in your family have a substance abuse problem? Yes No
If yes to any of the above, briefly explain: _____

Parent's Name: _____ Relationship to Child: _____
Gender: M F Other _____ Marital Status: Single Common Law Married Divorced
Occupation: _____ Company: _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Significant Medical Problems: _____
Mental Health Issues/Diagnosis: _____
Has anyone in your family had a mental illness? Yes No
Has anyone in your family ever attempted or committed suicide? Yes No
Does anyone in your family have a substance abuse problem? Yes No
If yes to any of the above, briefly explain: _____

Step-Parent/Guardian's Name: _____ Relationship to Child: _____
Gender: M F Other _____ Marital Status: Single Common Law Married Divorced
Occupation: _____ Company: _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Significant Medical Problems: _____
Mental Health Issues/Diagnosis: _____

Step-Parent/Guardian's Name: _____ Relationship to Child: _____

Gender: M F Other _____ Marital Status: Single Common Law Married Divorced

Occupation: _____ Company: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Significant Medical Problems: _____

Mental Health Issues/Diagnosis: _____

Best form of communication to confirm appointments:

Call _____ Text _____ Email _____

We can leave confidential messages on: Home Phone _____ Cell Phone _____

SEPARATED/DIVORCED PARENTS:

Custody arrangements: _____

* Legal documentation may be required at the time of appointment (i.e., court order)

ADOPTION:

Was your child adopted? Yes No

Are they aware? Yes No

At what age were they adopted? _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Phone:** _____

Relationship to Client: _____

HEALTH & MEDICAL INFORMATION

Is your child receiving regular care from a physician? Yes No

Name of Physician: _____

Is your child receiving regular care from a psychiatrist? Yes No

Date of most recent medical check-up appointment: _____

List of medical problems: _____

Has your child had a significant head injury? Yes No **Explain:** _____

List of current medications:

MEDICATION	PURPOSE	DOSAGE
_____	_____	_____
_____	_____	_____

Any complications during pregnancy or delivery of your child? Yes No

Explain: _____

FUNDING INFORMATION

Are your child's sessions being funded by a third party (i.e., extended health benefits)? Yes No

If yes, plan member's name: _____ **Funding amount:** _____

Funding company: _____ **Group #:** _____ **ID #:** _____

PSYCHOLOGICAL SERVICES

How did you hear about Solace Psychology? _____

Has your child been to therapy before? Yes No

Type of therapy: Individual Family Group Inpatient Program Outpatient Program

If yes, name of psychologist & company: _____ **Year:** _____

Reason for previous therapy: _____

Has your child been hospitalized for mental health reasons before? Yes No **Year:** _____

Reason for hospitalization: _____

Has your child been diagnosed with a mental illness? Yes No **Explain:** _____

Has your child had any thoughts of hurting him/herself (self-harm) or another person? Yes No

Explain: _____

Has your child had suicidal thoughts or intended to end his/her life? Yes No

Explain: _____

Most recent time your child had these thoughts: _____

Reasons for not acting on those thoughts: _____

REASONS FOR SEEKING THERAPY NOW (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Bullying | <input type="checkbox"/> Traumatic Event |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Sleep Issues | o Accident |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Body Image Issues | <input type="checkbox"/> Anger/Aggression | o Abuse/Neglect |
| <input type="checkbox"/> Life Changes | <input type="checkbox"/> Addiction/Substance Use | <input type="checkbox"/> Emotion Regulation | o Significant Loss |
| <input type="checkbox"/> Career | <input type="checkbox"/> Grief & Loss | <input type="checkbox"/> ADHD | o Natural Disaster |
| <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Phobias & Fears | o Other Trauma |
| <input type="checkbox"/> School | <input type="checkbox"/> Decision Making | <input type="checkbox"/> OCD | |

Other: _____

When did these problems start? _____

How severe would you consider your child's issues? Mild Moderate Bad Severe Crisis

How solvable do you think these issues are? Not at all A Bit Moderate A lot

How motivated is your child to work on these issues? Not at all A Bit Moderate A lot

PERSONAL RESOURCES & SUPPORTS that help you cope (check all that apply):

- | | | | | |
|---------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Smart | <input type="checkbox"/> Pets | <input type="checkbox"/> Hobbies | <input type="checkbox"/> Journaling |
| <input type="checkbox"/> Funny | <input type="checkbox"/> Athletic | <input type="checkbox"/> Friends | <input type="checkbox"/> Yoga | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Spiritual | <input type="checkbox"/> Creative | <input type="checkbox"/> Family | <input type="checkbox"/> Meditation | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Empathetic | <input type="checkbox"/> Insightful | <input type="checkbox"/> Mentor | <input type="checkbox"/> Exercise | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Social | <input type="checkbox"/> Team | <input type="checkbox"/> Music | <input type="checkbox"/> Art |
| <input type="checkbox"/> Other: _____ | | | | |

Goals for therapy:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Anything else that is important for your child's psychologist to know:

ADDITIONAL INFORMATION

Are there any other agencies involved with the family (i.e., child welfare, court)? Yes No

If yes, please explain: _____

Is your child required by a court of law to receive counselling as part of a legal proceeding? Yes No

If yes, please briefly explain: _____



Agreement for Therapy and Informed Consent - Parents

Welcome. Thank you for choosing me, Vanessa Goodchild, to help your child with his/her healing journey. Engaging in therapy can provide children and teens with the opportunity to gain valuable insight about themselves and develop the necessary coping skills needed to achieve their unique goals. Before the first session, it is important that you carefully read and sign this document, and that your child also reads and signs the separate *Assent Form for Children and Teens*. Please feel free to ask any questions.

About the Psychologist

I am a Registered Psychologist in good standing with the College of Alberta Psychologists (License #5402). I hold a Master of Counselling degree from City University of Seattle and a Bachelor of Science degree with Specialization in Psychology from the University of Alberta. In addition, I have specialized training in various types of therapeutic interventions. Throughout my career I have had the great pleasure of supporting children, adults, and families impacted by mental health issues (i.e., anxiety, depression), trauma, addiction, emotional regulation, challenging relationships, life transitions (i.e., divorce, blended families), grief, and loss. My experience consists of individual, couple, family, and group therapy.

What to Expect from Therapy

I know that at times life can be messy and overwhelming, leaving us feeling stuck, confused, or hopeless. I offer a person-centered, respectful, nonjudgmental, and effective approach to therapy, helping clients make sense of the difficulties they may be encountering in their lives. It is important that we book an initial parent/guardian session so that I can learn about the history of your child's issues and strengths, as well as the family dynamic. I also highly recommend parent/guardian or family sessions periodically throughout the course of therapy as family and home life are a vital part of your child's growth and success.

In working with your child, I may draw from a variety of evidence-based therapeutic modalities, including Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), and/or Eye Movement Desensitization Reprocessing (EMDR). I also often use mindfulness-based, art-based, play-based, and sandplay techniques. We will determine the number of therapy sessions based on your child's goals, progress, finances available, etc.

Benefits and Risks of Therapy

Engaging in therapy can help your child with:

- Improved personal relationships
- Boost in self-confidence and self-acceptance
- Discontinuance of unhealthy behaviours
- Reduced feelings of distress
- Learning new coping skills
- Gaining self-awareness and insight

Discussing deeply personal topics may result in:

- Uncomfortable emotions, like anger, sadness, or grief. Although experiencing these emotions is not fun, being able to work through them will actually help your child feel better. Part of therapy is supporting your child through these emotions and teaching him/her how to express and regulate them.

Your Child's Rights and Responsibilities

Your child has the right to:

- Ask questions and make choices about therapy
- Choose what information to share and to what extent
- End therapy at any time or refuse a type of treatment, through discussion with parents/guardians
- Request a referral to a different therapist if your child feels as though we are not a good fit

*** Please provide me with relevant legal and/or medical information that pertains to your child's situation discussed in therapy, as well as any updates throughout the process (i.e., medical changes, separation/divorce of parents).*

Appointments

Appointments are typically 50 minutes in length, although for younger children, we may end the session within 45 minutes. Please have your child arrive on time for his/her sessions as sessions begin at the scheduled times. Bookings can be made via phone at 780-702-1079 or email at hello@solacepsych.ca. You will be contacted 24-48 hours prior to your child's session via email and/or phone as a courtesy reminder and I ask that you confirm the appointment.

Cancellation Policy

If you or your child are unable to attend the appointment, please cancel or reschedule at least 24 hours in advance by calling 780-702-1079 or emailing hello@solacepsych.ca. If an appointment is missed or cancelled late, you will be required to pay for the session in full. Your credit card will be kept on file and will be charged these fees. By signing this document, you agree to these terms. Acceptable reasons for missed appointments include becoming severely ill or experiencing a provable emergency.

Fees

*Fees are consistent with recommended rates outlined by the Psychologists' Association of Alberta.

Initial Session	\$175
Individual Therapy	\$200
Family & Couples Therapy	\$200
Parent Consultation Session	\$200
Minor (ages 6 – 17) Session	\$200
Assessments	Pricing per case
Reports / Letters	Pricing per case
Missed Appointments / Late Cancellations	\$200
Phone/Email Consultations	\$200 per hour pro-rated in 15 minute increments.

- Fees are due in full at the time of the appointment.
- Phone/email consultations with teachers, physicians, social workers, etc. are charged in 15 minute increments.
- Acceptable payment methods: credit card, debit, cash, or e-transfer.
- Sessions may be covered through your insurance/benefit plan and certain companies can be directly billed, while others will require you to pay for sessions up front and a receipt will be

provided for reimbursement. Please note that insurance companies typically do not cover missed appointment fees.

Confidentiality

To build and maintain trust with your child, information that they share in session will be kept confidential. I will disclose information to you, the parents/guardians, when it is relevant to do so, and when it will serve your child's best interest. As a Registered Psychologist I do have legal and ethical obligations to break confidentiality if safety is a concern, including the following situations:

- If there is reason to believe that a child, person with a disability, an elderly adult, or animal is at imminent risk of being harmed (i.e., physically, sexually, or emotionally abused, or neglected).
- If there is reason to believe that your child is at imminent risk of harming him/herself or others.
- If there is a court order or other legal situation unfolding.
- Defending a malpractice suit.
- Collecting unpaid fees, which may be forwarded to a collection agency.
- If I have an emergency replacement take over my files.

Your child's file will be kept for a minimum of 11 years and then shredded. Electronic files will be password protected and encrypted and stored within a secure program specific for counselling notes and files. All paper files will be stored in a locked filing cabinet in a securely locked room.

Treating Children of Separated or Divorced Parents

I encourage both parents to work together in the best interests of the child and I am legally required to obtain written consent from both parents before your child can begin therapy. If one parent has sole custody, a copy of the court order will be required prior to the first session.

Emergencies

I am not generally available on an emergency basis. If you are experiencing an emergency related to mental health, you can access the following:

- The Distress Line (24/7): 780-482-HELP (4357)
- Community Urgent Services and Stabilization Team (24/7): 780-342-7777
- Mental Health Helpline (24/7): 1-877-303-2642
- Addiction Helpline (24/7): 1-866-332-2322
- Children's Mental Health Crisis Line: 780-427-4491
- Kid's Help Phone: 1-800-668-6868
- 911 or go to nearest Emergency Room

Consent for Services

I/We _____ have read and understand the above information and accept the conditions for my child, _____, to receive psychological services from Vanessa Goodchild at Solace Psychology. I have been given the opportunity to address any questions, concerns, or uncertainties within this form that are unclear to me. I confirm that staff from Solace Psychology can contact me via email and/or phone to discuss my appointments. I confirm that I am signing of my own free will. I understand that I have the right to withdraw consent for my child at any time.

Child's Name (Print)

Legal Parent/Guardian's Name (Print)

Legal Parent/Guardian's Signature

Date

Legal Parent/Guardian's Name (Print)

Legal Parent/Guardian's Signature

Date

Psychologist's Name (Print)

Psychologist's Signature

Date



Agreement for Therapy and Informed Assent Children & Adolescents

Welcome. Thank you for choosing me, Vanessa Goodchild, to help you with your struggles. Therapy can be super helpful for learning more about yourself and gaining tools to handle tough situations. Before our first session, it is important that you and your parents/guardians carefully read this document. Please feel free to ask any questions.

About Vanessa

I am a Registered Psychologist in Alberta and I enjoy working with children, teens, and their families to support them in reaching their goals.

What Therapy is Like

I know that at times life can be messy and sticky, leaving us feeling stuck, confused, or hopeless. When you come to therapy you will have the opportunity to talk about what is happening in your life, both good and bad. I will be there to listen to you and I will not judge you. My job is to help you feel safe enough to talk with me about what is going on in your life. I will do my best to teach you helpful tools and skills, and to help guide you in a healthy direction towards your goals. I welcome you to ask questions in our sessions and to tell me if you are not comfortable talking about something. We will go at your pace. When you think it is time to end therapy, you can choose to end therapy after discussing this with your parents.

In therapy, young people often bring up the following issues:

- Relationships with friends or people they are dating
- Relationships with parents
- Self-esteem and confidence
- Anxiety or stress
- Not feeling like they fit in
- Death of a loved one or pet
- Bullying
- Having a hard time in school
- Trying to figure out who they are
- Depression
- Not knowing what to do after high school

Good Things that Might Happen in Therapy

- You might feel better about yourself and more confident
- Your relationships with friends and family might get better
- You might discover new things about yourself, like strengths and skills
- You might learn new tools to handle difficult emotions or situations in your life



Uncomfortable Things About Therapy

- You might experience emotions that are uncomfortable, like anger, sadness, or grief. Although experiencing these emotions is not fun, being able to work through them will actually help you feel better. I will be with you to support you through these emotions.

Privacy & Confidentiality

What you share with me in session will be confidential, which means that I will not tell anyone what you tell me, unless you give me permission to do so. As a psychologist, I do have to share information to keep you and others safe.

- If you tell me that you will harm yourself, I will have to ensure that you will be safe.
- If you tell me that you will harm another person or animal, then I will have to report this to ensure others are aware.
- If you tell me that you or another child or teenager is being abused physically, sexually, or emotionally then I have to report this abuse.
- If you are involved in a court case and information about discussions in therapy is requested, then I will talk to you and/or your parents/guardians first about this and we then will respond to the court.

* In all of these situations, you and I will chat about how to best tell your parents this information.

Why Should Parents/Guardians be Involved in Therapy?

Your family and home life are an important part of your journey to wellness. Although these are your therapy sessions (I will just be seeing you), I do think it is important to meet with your parents for one or more sessions to determine how they can best support you. This could mean that I meet with just them or that you join in, too. We will talk about what this might look like in when I see you in session.

Emergencies

I am not generally available on an emergency basis. If you are experiencing an emergency related to mental health, you can access the following:

- Children's Mental Health Crisis Line: 780-427-4491
- Kid's Help Phone: 1-800-668-6868
- The Distress Line (24/7): 780-482-HELP (4357)
- 911 or go to nearest Emergency Room

Assent for Services

I _____ have talked about the above information and understand what counselling with Vanessa Goodchild at Solace Psychology could look like. I have been given the opportunity to ask questions.

Child/Teen's Name (Print)

Child/Teen's Signature

Date

Psychologist's Name (Print)

Psychologist's Signature

Date



Solace Psychology
#204, 236 - 91 Street SW
Edmonton, AB T6X 1W8
780-702-1079
hello@solacepsych.ca

Credit Card Pre-Authorization

I authorize Solace Psychology to keep my credit card information on file and to charge my credit card for payment of my session (individual, couple, family, parenting, group, workshop, or other) in the amount established by Solace Psychology for the following purposes:

- ✓ For a no-show, missed session, or late cancelled session (without 24 hours' notice).
- ✓ For a phone or video session.
- ✓ For past due sessions.
- ✓ For sessions that are not fully covered by a third party (i.e., insurance company).

I understand that my card will be charged only in the event that I fail to provide payment in full at the time of my session. I will be notified by my provider verbally or in an email that the session payment will be applied to my credit card.

I understand that this information is stored in a confidential and secure server and is highly unlikely to be tampered with. I agree to assume the risk if the file and credit card information is compromised.

I agree that if I have concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact my psychologist at Solace Psychology for assistance. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with my psychologist.

If I am assuming session payment responsibility for the client listed below, and that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by this person's psychologist at Solace Psychology.

I agree to update my psychologist should my credit card be cancelled or compromised, and to update my psychologist with a new credit card to keep on file.

I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy.

By signing below, I certify that my information is true and accurate, that I am an authorized user on the account, and that I agree to the above terms.

Client's Name: _____

Cardholder's Name: _____ **Relationship to Client:** _____

Cardholder's Address: _____ **City:** _____

Province: _____ **Postal Code:** _____ **Phone:** _____ **Email:** _____

Card Type: Visa MasterCard

Card Number: _____ **CSC# (on back of card):** _____

Expiry Date: _____ **Signature:** _____ **Date:** _____



Teletherapy Informed Consent

I _____ (print name) hereby consent to engage in teletherapy (i.e., internet, email or telephone-based therapy) with Vanessa Goodchild, Registered Psychologist, as a mode of psychotherapy treatment.

Definition of Teletherapy:

Teletherapy services are a form of psychological service provided via phone or internet technology. Teletherapy has the same purpose as therapy sessions that are face-to-face. Teletherapy involves arranging an appointment between the client and psychologist when both parties can connect from their phones, computers, or technological devices.

Rights in using Teletherapy Services:

- ✓ You have the right to withdraw consent at any time. This will not affect your right to further treatment.
- ✓ Confidentiality still applies for teletherapy services and nobody will record the session without the permission of the other person(s).
 - Psychologists have an ethical obligation to breach confidentiality in cases of: disclosure of child, elder, dependent adult, and animal abuse; expressed threats of violence towards an identified victim; expressed grave danger toward oneself; and if subpoenaed.

By signing this document, I understand and agree to the following:

- ✓ I agree to use the video-conferencing platform selected for our virtual sessions and my psychologist will explain how to use it.
- ✓ I must provide my own phone, computer, or technological device for sessions.
- ✓ It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- ✓ It is important to use a secure internet connection rather than public/free Wi-Fi.
- ✓ Despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission be breached and accessed by unauthorized persons.
- ✓ It is important to be on time. If I need to cancel or reschedule my tele-appointment, I will notify my psychologist with a minimum of 24 hours in advance by phone (780-702-1079) or email (hello@solacepsych.ca). If I do not provide 24 hours' notice, I understand that I will be charged the full session fee.
- ✓ I take responsibility to determine if my insurance provider covers the cost of teletherapy services.
- ✓ The psychologist has the right, at any time, to determine if teletherapy sessions are not appropriate for my case. Should this be determined, we will continue with face-to-face services or I will be provided with referral information to other services.

*** For children and teens:* I understand that I need the permission of my parents and/or guardians to participate in teletherapy.

Emergencies:

I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call The Distress Line (24/7) at 780-482-HELP (4357).

_____	_____	_____
Client's Name (Print)	Client's Signature	Date

If child or teen session, parents must also sign:

_____	_____	_____
Parent/Guardian's Name (Print)	Parent/Guardian's Name Signature	Date

_____	_____	_____
Parent/Guardian's Name (Print)	Parent/Guardian's Name Signature	Date

_____	_____	_____
Psychologist's Name (Print)	Psychologist's Signature	Date