



# VitalZ Counselling

## First Session Orientation

### VitalZ Counselling

**Zara Faiz**

**zarafaizi@hotmail.com**

Thank you for choosing to work with me. I hope I can earn your trust, and I look forward to walking alongside you on this journey.

Please print and complete the required paperwork prior to your first session. Completing this paperwork allows us to spend more time on communication rather than administrative issues during the first session.

1. Welcome to Counselling
2. Intake - Individual *or* the Intake – family, couple
3. Email & Text Messaging Correspondence
4. Informed Consent
5. Payment Method / Finances

Some things to know and think about *prior* to our first session:

1. I will collect the paperwork, clarify the importance of confidentiality, answer all your questions, and address any concerns you might have about the paperwork or counselling in general.
2. It is helpful for me to know about particular symptoms related to your reasons for seeking therapy. It can help us narrow our work and help me understand some of the challenges we might focus on.
3. It is particularly helpful for the therapeutic process if you bring a list of goals for your time in counselling. Please be specific if at all possible. This will help me better understand what ways counselling might be helpful and how your life might be different with counselling.

Name:

Preferred Pronoun (may decline):

Please place a checkmark in the boxes that correspond to current problems you are having:

- Feeling sad       Loss of pleasure       Loss of interest in activities       Anxiety or excessive worry
- Difficulty controlling worry       Difficulty concentrating       Problems with memory
- Fatigue or loss of energy       Problems sleeping       Frequent irritability       Racing thoughts       Risky behaviors
- Distractibility       Decreased need for sleep       Excessive spending       Frequent angry outbursts
- Talking excessively       Feeling restless or "hyper"       Problems with appetite       Negative feelings about yourself
- Feelings of guilt       Feelings of hopelessness       Tension or muscle tightness       Feeling bored
- Feeling "different" from others       Lack of control over life       Problems with relationships
- Lack of self-esteem       Problems with sex / sexuality       Body Image       Thoughts of harming others
- Drug or alcohol problems       Thoughts of suicide or self-harm       Shyness       Confusion about career choice
- Lack of direction in life       Need for more fulfilling life       Feeling stagnant       Feelings of helplessness
- Social anxiety       Problems with trust       Problems with identity

Of all the problems you checked, please underline the three that are the most troublesome at this time. What do you hope to gain by coming to therapy?

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Name and pronoun you prefer is used (You may decline): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email address: \_\_\_\_\_

Can I contact you at this number? Y \_\_\_ N \_\_\_ Can I contact you at this Email: Y \_\_\_ N \_\_\_

Can I leave messages at this number? Y \_\_\_\_ N \_\_\_\_

Can I leave messages with third parties at this number? Y \_\_\_\_ N \_\_\_\_

Can I text at this number: Y \_\_\_\_\_ N \_\_\_\_\_

Do you regularly check messages? Email: Y: \_\_\_\_ N: \_\_\_\_ Phone: Y: \_\_\_\_ N: \_\_\_\_

For whom is the counselling service: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have children?: Y \_\_\_\_ N \_\_\_\_ If so, how many and what are their ages?

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency Contact phone number and email address: \_\_\_\_\_

What is/are the main issues bringing you to counselling?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your main goals for counselling? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you on any medications we should be aware of? \_\_\_\_\_

Do you have any serious allergies I should be aware of? \_\_\_\_\_

How did you find out about my services?

Google Search \_\_\_\_\_ / Psychology Today \_\_\_\_\_

Referral (Name) \_\_\_\_\_

**GOALS FOR THERAPY: (List all and use back if required)**

1.

2.

3.

Do you have any other significant medical problems that I should be aware of?

Is there a history of substance abuse that might be helpful to know?

Are you taking any medications?

How were you referred to our office?

How did you find out about my counselling services?

Please indicate any previous counselling experience?

