



NANAIMO FAMILY LIFE ASSOCIATION

SENIOR PEER COUNSELLING PROGRAM

INTAKE AND ASSESSMENT FORM

Please be advised that the Personal Information Privacy Act protects any information gathered.

For Individuals 55 and Over

Today's Date: _____ (Month, Day, Year)

First Name: _____ Last Name: _____

Pronouns: ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs or: _____

Date of Birth: _____ (Month, Day, Year)

Address: _____

Home Phone: _____ Cell: _____

Is it okay to leave a message? Yes or No (please circle)

Email: _____

Emergency contact: _____ Phone: _____

How did you hear about us?

☐ Doctor ☐ MCFD ☐ NARSF ☐ Brooks Landing ☐ Internet Search ☐ Justice Access Centre

Other: _____

Please note any other counsellors or agencies you are currently involved with:

Gender Identity: (check all that apply)	Preferred Pronouns
<input type="checkbox"/> Male/Man	<input type="checkbox"/> He/Him/His
<input type="checkbox"/> Female/Woman	<input type="checkbox"/> She/Her/Hers
<input type="checkbox"/> Trans Male/Trans Man	<input type="checkbox"/> They/Them/Theirs
<input type="checkbox"/> Trans Female/Trans Woman	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Genderqueer/Gender Nonconforming	
<input type="checkbox"/> Non-binary	
<input type="checkbox"/> Prefer not to disclose	
<input type="checkbox"/> Additional Category: _____	

If you have a counsellor gender preference, please indicate here: _____

When are you available for counselling? Please circle the days and identify the times between 8:30 a.m. and 8:00 p.m.

Days: Mon Tues Wed Thurs Fri Sat Sun

Times: _____

Sessions are online.

Briefly describe your reasons for contacting Nanaimo Family Life.

Is there a specific area you want support in?

Are you experiencing suicidal ideation? ☐ Yes ☐ No

If you answer yes, please contact the program coordinator for resources and referrals.

250 754 3331 ext. 427

If you are in crisis, please call 1-888-494-3888 or access the Brooks Landing Crisis Walk-In Clinic at
#203-2000 N Island Hwy, Nanaimo, BC

Have you been diagnosed with a mental illness? ☐ Yes ☐ No

If yes, please check all that apply:

☐ BPD (Borderline Personality Disorder)

☐ Bipolar Disorder

☐ Schizophrenia

☐ Depression

☐ Anxiety

☐ GAD (Generalized Anxiety Disorder)

☐ PTSD (Post Traumatic Stress Disorder)

☐ Neurodivergent (ASD, ADHD)

☐ Eating Disorder

☐ Other (please specify): _____

Do you agree with this diagnosis? ☐ Yes ☐ No

Are you under the care of a professional for the diagnosis? ☐ Yes ☐ No

Do you have an alcohol addiction? ☐ Yes ☐ No

Do you have a drug addiction? ☐ Yes ☐ No

If yes, have you been clean and sober for 6 months? ☐ Yes ☐ No

Are you currently receiving support for your addiction? ☐ Yes ☐ No

Have you experienced any of the following? (Check all that apply)

☐ Anxiety

☐ Depression

☐ Panic Attacks

Do you have a history of brain injury? ☐ Yes, ☐ No

If yes, explain:

Do you live with any cognitive impairment issues? ☐ Yes ☐ No

If yes, explain:

Is there any additional information (not on this form) you believe we should know?

Interpersonal Trauma (check all that apply)

- ☐ I choose to disclose at my own pace with my counsellor
- ☐ Childhood Abuse: Sexual, physical, neglect, psychological, witnessing domestic violence
- ☐ Sexual Assault: Any unwanted sexual contact
- ☐ Historical trauma: Colonization and residential school experience, forcible removal from the family home, destruction of culture and language

External Trauma (check all that apply)

- ☐ I choose to disclose at my own pace with my counsellor
- ☐ Being a victim of crime
- ☐ Sudden death of a loved one
- ☐ Suicidal loss
- ☐ Sudden and unexpected loss of a job, housing, relationship, etc.
- ☐ Living in extreme poverty
- ☐ Natural disasters
- ☐ Accident; via vehicle, plane, etc.

Is there currently any domestic violence or abuse occurring in your relationship? ☐ Yes ☐ No

Domestic violence/abuse can be defined as a pattern of actual or threatened behaviour and may include abuse of an individual by someone with whom they have an intimate relationship. Please tick any box that may apply to you.

☐ Physical ☐ Emotional ☐ Sexual ☐ Verbal ☐ Psychological ☐ Financial

1. Have you ever had any concerns about your safety or the safety of your children during the relationship? ☐ Yes ☐ No

2. Has your spouse/partner ever caused you to feel threatened or fearful? ☐ Yes ☐ No

What is Counselling?

Counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance, growth, and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living more satisfyingly and resourcefully. Counselling relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict, or improving relationships with others. The counsellor's role is to facilitate the client's work in ways that respect the client's values, personal resources, and capacity for self-determination.

What to Expect

Confidentiality is an essential ingredient of the counselling relationship. Nevertheless, absolute confidentiality cannot be guaranteed. You will be required to sign a Confidentiality Form before counselling begins.

NFLA offers services in an inclusive, non-discriminatory environment. We do not tolerate discrimination on any grounds. If you feel any representative at NFLA has discriminated against you, please contact the volunteer coordinator immediately.

Do you understand our Policy of Confidentiality? ☐ Yes ☐ No

ESSENTIAL LIFE SKILLS WORKSHOPS

Our workshops foster growth through self-awareness in a respectful, group setting. Each session costs \$20 and requires pre-registration. Please get in touch with us if cost is a concern. Below are the workshop descriptions.

Effective Communication: Effective communication is the intentional use of conversation to find common ground with the person you're speaking with. This workshop will help us understand another person's message and communicate our message clearly.

Personal Boundaries/Assertiveness: Boundaries create structure in our lives. They clarify how we want to be treated. These skills can help reduce anxiety in stressful situations and boost self-esteem and confidence.

Conflict Resolution: This workshop explores both negative and positive perspectives on conflict and conflict styles, and offers constructive strategies for managing conflict.

Healthy Self-Esteem & Self-Exploration: Healthy self-esteem involves having a positive sense of your inherent worth as a person. It includes self-confidence, self-worth, and self-respect. It influences everything you do.

Exploring Anger: Anger arises when we perceive an event as a threat or when we feel frustrated by unmet needs. Feelings of fear, loss, hurt, or sadness usually come before it.

Exploring Stress: Stress affects us physically, emotionally, mentally, and spiritually. It is a natural, useful part of life and survival. However, unmanaged stress can lead to illness. Our way of responding to stressors greatly determines how stress impacts us.

Exploring Grief & Loss: In this workshop, we examine the common causes and symptoms of grief, harmful myths and clichés, stages of grief, mourning needs, coping strategies, and exercises for grief work.

Exploring Anxiety & Depression: In this workshop, we explore depression and anxiety, focusing on the difference between stress, anxiety, depression, and grief/sadness. We also discuss ways to manage anxiety and depression.

Creating Personal Change: This workshop explores positive ways to create change, how self-defeating thoughts and language affect us, understanding what is within our control, discovering our passions and values, and key principles for successful goal setting.

☐ **Please check this box if you would like to be contacted about signing up for one or more of the Essential Life Skills Workshops.**

Due to the volume of clients on the waitlist, we ask that you adhere to our policies.

NFLA's policies regarding counselling sessions.	Initial
I understand that once the coordinator has matched me with a counsellor and the counsellor has contacted me, I need to respond to the counsellor within 3 days to set up my first appointment, or I risk my file being closed. If, for any reason, I am unable to contact the counsellor within 3 days, I can contact the coordinator to be placed back on the waitlist.	
I will do my best to give my counsellor 24 hours' notice by leaving a message on their voicemail if I cannot make a session.	
If I cannot give my counsellor 24 hours' notice, I will contact the counsellor to request to continue sessions.	
I understand that if I cancel my appointment, it is my responsibility to book another appointment with my counsellor within 3 days; otherwise, I risk having my file closed.	
I will commit to weekly sessions. I will contact the counsellor if I cannot commit to weekly sessions due to shift work, transportation, etc.	
I will not bring others to my counselling session.	
I will remain alcohol and drug-free when seeing my counsellor.	
I understand that if I stop coming to counselling, my file will be closed. If I wish to connect with a counsellor again, I must complete a new intake form. Note: There is no guarantee I will be matched with the same counsellor, but I can request it.	
I understand that if my counsellor is not a good match for me, I can contact the coordinator to be matched with another counsellor.	
I am aware that the Volunteer Counselling Program does not offer crisis counselling and cannot provide services immediately. Wait times vary from a few days to several weeks or more. If you are in crisis, please call 1-888-494-3888 or visit the Brooks Landing Crisis Walk-In Clinic at #203 – 2000 N Island Hwy, Nanaimo, BC.	
If I plan to visit the office, I understand that if I experience flu-like symptoms or any other contagious health concerns arise, I should stay home.	

Client Signature:	Date:
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