

# Dennis Esayenko

Airdrie Alberta  
403-828-2664

email : midwesttrinitycounselling@telus.net

Congratulations on your decision to seek out professional counselling. Please carefully read the following information so that you can benefit the most from your counselling experience.

As a professional counsellor, I will be supportive of you and will create an atmosphere in which you can deal effectively with your struggles. *As the counselling relationship unfolds, and you gain deeper insight into your problem(s), you may be challenged to recognize contradictions in your thinking. It may be a difficulty that you have not seen or a belief that is harmful to you. It is very important that you allow this process to take place without being offended or discouraged. Often, as a result of these clinical insights, major breakthroughs take place. I look forward to the opportunity of working together with you and trust your experience will be life changing.*

Dennis Esayenko

## Professional Accountability

Dennis Esayenko received an MA in Counselling from Providence College and Seminary in 2006. He has over 35 years experience as a peace officer and while being involved in law enforcement, he has volunteered and worked in the areas of Victims Assistance and in the Peace Officer Peer Support Program of Legacy Place Society. <http://legacyplacesociety.com/>

Dennis is trained in Critical Incident Stress Management. In 2012, he was awarded the Queens Diamond Jubilee metal for recognition of his service to the community. He is a member in good standing with the Professional Association of Christian Counsellors and Psychotherapists and adheres to their Code of Ethics.

## Appointments and Confidentiality

We do not provide counselling via text or email. Counselling is provided by appointment only. Anything you say in the counselling session will be kept confidential. Your counselor may consult with other counselling professionals, but no identifying information will be disclosed without your written consent. However, please understand that there may be situations where the counselor would have to break confidentiality and report matters to the appropriate authorities.

- If there is an assessment of suicide risk.
- If abuse or neglect whether done in the past or the present, of a child, an elderly person, or a mentally challenged person is reported.
- If there is probability of danger or harm to self and/or others.
- If a court subpoenas case records

Your counseling records (files) are kept confidential and are the property of MidWest Trinity Counseling and as such, are deemed records of confidential sessions between counselor and client. Other than as required by law, these records will not be released.

## **Fees:**

Cash, Cheque or e-transfer

Individual Session ..... \$ 85.00  
Couples/Family ..... \$100.00

A session is 50 minutes in duration. All fees must be paid at the end of each counselling session unless you are covered by your Employee and Family Assistance Plan or Insurance.

## **Cancellation**

It is expected that you will attend counselling sessions on time as scheduled and that in the event you are unable to attend a counselling session, you agree to provide at least 24 hours advance notice. In the event you do not provide 24 hours notice, you may be required to pay a \$50.00 cancellation fee.

**Requests for letters of attendance or reports will require \$25.00.**

## **Alcohol and Drug Usage**

Absolutely no use of alcohol or drugs is allowed prior to a counseling session. Your counselor has the right to terminate a counselling session should you arrive under the influence of alcohol or illicit drugs.

Your participation in counseling is voluntary and you may leave the counselling process at anytime either at your own initiative or in consultation with your counselor.

By signing this document, you are choosing to begin a formal counseling relationship with Dennis Esayenko. You are agreeing to release, remise and forever discharge and covenant not to sue or hold legally liable MidWest Trinity Counselling, the counselors, and the supervisors, if applicable, from any and all claims, demands, damages, actions, or causes of action whatsoever related to the counseling process. I agree that I have had the opportunity to ask for clarification about any of the points listed above, and agree to these parameters.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year



## Confidential Client Information Form

The information requested on this form is important for our records and will be held in strict confidence. Information will not be released without your specific request. This form is the property of CrisisCare Counselling.

### General Information

Date: \_\_\_\_\_

How Did You Learn of Our Services? \_\_\_\_\_

Are You Requesting Faith Based Counselling? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Last Name First Name

### Contact Information

Post Office Box: \_\_\_\_\_ Suite or Apt. #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

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

May We Send a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

### Employment Information

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Average Hours Worked per Week: \_\_\_\_\_

### Employee Assistance Plan:

Are You Covered by an Employee Insurance/benefits Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of (EAP) Employee Assistance Plan or Insurance Co. \_\_\_\_\_

### Relational Information

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Common Law+ \_\_\_\_\_

If Married or Common Law, for How Long: \_\_\_\_\_

Number of Previous Marriages or Common Law Relationships You \_\_\_\_\_ Partner? \_\_\_\_\_

If Separated or Divorced, How Long: \_\_\_\_\_ If Widowed, How Long: \_\_\_\_\_

With Whom Do You Currently Live (Check All That Apply):

Alone \_\_\_\_\_ Spouse \_\_\_\_\_ Children \_\_\_\_\_ Parent(s) \_\_\_\_\_ Sibling(s) \_\_\_\_\_ other: \_\_\_\_\_

### Partner Information

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Last Name First Name

Work Phone: ( ) \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_ May We Leave a Message Here: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Average Hours Worked per Week: \_\_\_\_\_

How Many Hours a Week Do They Work: \_\_\_\_\_

**Please Turn Page Over**

**Children**

List Your Children (Living or Deceased)

First Name	Sex	Age	Relationship to You				Living with You?
			Natural	Step	Adopted	Deceased	
_____	_____	_____	_____				___ Yes ___ No
_____	_____	_____	_____				___ Yes ___ No
_____	_____	_____	_____				___ Yes ___ No
_____	_____	_____	_____				___ Yes ___ No
_____	_____	_____	_____				___ Yes ___ No

**Family of Origin (Mother, Father, Siblings)**

	You			Partner		
<b>Father</b>	___ Single ___ Engaged ___ Married ___ Common Law ___ Separated ___ Divorced ___ Widowed ___ Remarried ___ Deceased			___ Single ___ Engaged ___ Married ___ Common Law ___ Separated ___ Divorced ___ Widowed ___ Remarried ___ Deceased		
<b>Mother</b>	___ Single ___ Engaged ___ Married ___ Common Law ___ Separated ___ Divorced ___ Widowed ___ Remarried ___ Deceased			___ Single ___ Engaged ___ Married ___ Common Law ___ Separated ___ Divorced ___ Widowed ___ Remarried ___ Deceased		
	Siblings			Siblings		
<b>Brothers</b>	# ___ Natural	# ___ Step	# ___ Adopted	# ___ Natural	# ___ Step	# ___ Adopted
<b>Sisters</b>	# ___ Natural	# ___ Step	# ___ Adopted	# ___ Natural	# ___ Step	# ___ Adopted

**Medical Information**

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are You Currently Receiving Medical Treatment: Yes \_\_\_ No \_\_\_

If Yes, Please Specify: \_\_\_\_\_

List Any Conditions, Illnesses, Surgeries, Hospitalizations, Traumas, or Related Treatments You've Had

Has Your Weight Changed in the Last 2-3 Months: Yes \_\_\_ No \_\_\_

**List Any Anti-depressant or Anti-anxiety Medication**

Medication	Dosage (Mg)	Improves, Prevents or Controls My	How Long Have You Been on this Medication? (Months)

Are You Taking These Medication(s) According to Your Doctor's Recommendations: Yes \_\_\_ No \_\_\_

Please Describe Why You Are Coming to Counseling (i.e. What Are Your Issues, Problems?) \_\_\_\_\_

What Do You Hope to Gain or Change by Coming for Counseling: \_\_\_\_\_

\_\_\_\_\_