



WOOD'S HOMES

WORKING FOR CHILDREN'S MENTAL HEALTH
SINCE 1914

Eastside Community Mental Health Services Client Information

Welcome. Thank you for visiting the Eastside Community Mental Health Services of Wood's Homes. Wood's Homes is a multi-service, community-owned and operated children's mental health centre. Eastside Community Mental Health Services has been supporting individuals, couples and families with walk-in counselling for 25 years. eTherapy at Eastside Community Mental Health Services is provided by professional therapists, who hold a master's level education and are registered with their governing colleges. These therapists are registered within the province of Alberta. Therefore, we offer eTherapy to clients currently living in Alberta. You can expect a response within 24 hours (Monday thru Saturday) or 48 hours Sundays and holidays.

eTherapy is different from face-to-face counselling and not all problems or concerns are appropriate for eTherapy. If you would like to speak with a therapist in person, please come to Eastside Community Mental Health Services at #255, 395 36th Street NE or call 403-299-9699. If you are in immediate danger from yourself or another person, call 911 NOW. If you need to speak with a counsellor immediately, please call our Crisis Line at 403.299.9699. The crisis counsellors are able to help you faster over the phone, and are available 24 hours a day, 7 days a week. Single session eTherapy is offered to clients free of charge.

Once you complete and return the forms and agree to the confidentiality statement below, your therapist for this session will contact you asking for more about your most pressing concern. After they read more about your concern, they will send a response, including any ideas or suggestions from the team of therapists who work at Eastside Community Mental Health Services. You are welcome to send a final email asking clarifying questions based on the response from your therapist. They will send responses to these questions and a Satisfaction Questionnaire. The information you give on the questionnaire supports us to improve our service and let us know that we are meeting the needs of our clients.

If you are experiencing technical difficulties, please don't hesitate to call 403-299-9699.

Maintaining the privacy of your information is a priority to Eastside Community Mental Health Services and Wood's Homes. All of your information will be kept confidential within the multidisciplinary team of therapists. Please note: There are limits to confidentiality. We are required by law to report information that a child is being harmed or someone is harming themselves or others to the appropriate authority such as Calgary and Area Children's Services or Calgary Police Services.

Technological security controls are in place to ensure the protection of the information you provide to Wood's Homes. Despite our efforts to protect your personal information, there is always some level of risk that your information may not be private when communicating over the Internet.

By emailing Eastside Community Mental Health Services, you understand and agree that Eastside Community Mental Health Services is not responsible should others gain access to your personal information from your electronic device(s). Please work to keep the information you provide to us private.

I agree to the terms above

Return to etherapy@woodshomes.ca

- * You will receive a supportive reply email from a counsellor with Masters level education and who is registered with their governing body;
- * You will then have the opportunity to send any questions to clarify the counselling offered;
- * You will receive one final email with answers to your questions and a Satisfaction Questionnaire. The questionnaire is important to us so that we may provide the best service possible to our clients.

Date:

Address:

Postal Code:

E-mail Address:

Phone Number:

Community:

Main Language spoken in your home:

How did you find out about online counselling at Eastside Community Mental Health Services?

Have you had past/present
involvement with Child Welfare
(Intervention Services)?

No
Yes

Last Name

First Name

Alberta Health Care Card #:

Date of Birth (mm/dd/yyyy)

Age:

Gender:

Ethnicity:

Country of Birth:

What is the single most important concern that you wish to share today?

Emotionally, who is effected?

Least effected?

How would you rate your level of distress regarding today's concern(s)?

	0 No Distre ss	1	2	3	4	5	6	7	8	9	10 Extre me Distre ss
Choose one											

In regard to your concern(s) today, what things have you tried?

Please identify your sources of strength.

Choose any of the following that you consider to be sources of strength for you.

Feel free to add your own on the "Other" line.

Sense of humour

Patience

Intelligence

Stubbornness

Religious practice

Family

Courage

Strong will

Friends

Creativity

Spirituality

Other

Have you had previous counselling?

Are you currently in counselling?

No

No

Yes

Yes

For many people, a single session with a counsellor is sufficient to take action. what will tell you that things are heading in the right direction?

Instructions for use:

Fill out form. You may want to save a copy to your computer but ONLY if it is secure and private.

Click File - Send File

email to: etherapy@woodshomes.ca