

Psychology Intake Form

Name: _____ Date: _____

Do you have any medical conditions that I may need to be aware of, or that may be triggered by strong emotional reactions (e.g. asthma, diabetes, migraines, increased risk of stroke or heart attack, panic attacks, etc)?

Briefly describe why you want to participate in therapy.

Have you previously participated in any type of psychotherapy for any reason? If so, please state when (approximately) and briefly describe what the reason was.

Please list all current medications you are taking, and for what reason you are taking each one.

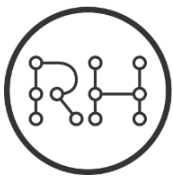
_____	_____
_____	_____
_____	_____

Are you currently seeing any specialists or doctors? If yes, please list who and what area of specialty.

Are you currently struggling with any type of substance addiction? If so, what substance(s)?

_____	_____
_____	_____
_____	_____

Is there any other information that you would like me to know about you?



CONSENT TO TREATMENT

The information in this form will help you understand the therapy process and assist you in feeling more knowledgeable about the benefits, risks, alternatives, and possible outcomes of psychotherapy. Please keep this discussion in mind throughout our counselling relationship and feel free to ask me questions anytime.

My qualifications: I am licensed as a Registered Provisional Psychologist (registration number 3448p) by the College of Alberta Psychologists. I completed a Master of Arts degree in Counselling Psychology via the University of Yorkville.

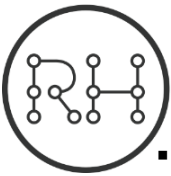
As I am completing my internship in psychological practice, all our work will be overseen by my supervisor, Shazin Mohamed-Standing, will have access to the entirety of your file and will provide supervision, mentorship, and consultation to me along the way.

I, _____, hereby consent to receiving psychological treatment with the following understanding:

- **Confidentiality:** I understand that all information shared with my therapist is confidential. My information will only be released to a third party when I provide written authorization. With that being said, there are some important exceptions to confidentiality that I must be aware of:
 - When a court orders my therapist to release my file and/or testify.
 - When there is a risk of imminent danger to me or another person.
 - When there is a reasonable suspicion that a child, elder, or other vulnerable person is being physically, sexually, or emotionally abused or neglected, or is at risk of such abuse/neglect.

My therapist is legally and ethically required to prevent such danger and to take the appropriate steps to protect the person in question. This includes contacting the relevant authorities, even if I am against such action.

- **Risks and benefits:** I understand that my participation in therapy may provide measurable benefits, including a reduction in feelings of distress and other negative emotions, but it may also pose some risks. The therapeutic process may evoke uncomfortable thoughts and feelings and I may also recall some troubling memories. While my therapist will make every effort to be sensitive and responsive to reduce my risk of harm, I understand that communicating my concerns/discomforts and keeping an active dialogue about the progression of therapy is also important in this regard. Conversely, I understand that if I choose not to engage in therapeutic intervention, I may experience greater risk and further discomfort.



Redefined Health

- **Rights and responsibilities:** I have a right to competent, evidence-based treatment, and am able to ask questions at any time. This includes the right to view my session notes and see what is being recorded about me. My therapist will always treat me with dignity and respect, void of any and all types of discrimination. I acknowledge that counselling is most effective when I am comfortable and able to be open with my therapist. If I do not feel comfortable or connected to my therapist, I have a right to cease treatment at any time and/or request a referral to another therapist. It is my responsibility to communicate my concerns in order to receive the most appropriate care. I understand that I am an active participant in my treatment and am responsible for setting therapeutic goals and reviewing them, as required.
- **Session records:** My therapist is guided by professional standards to keep a written record of our sessions. These case notes serve to assist my therapist with case management and to facilitate the provisional supervisory relationship. Case notes are privileged content and are stored in a secure location within Leslie Block & Associates. There may come a time when my therapist asks for permission to record our sessions in audio or video format, for educational purposes. I am under no obligation to consent to this and my therapist will thoroughly discuss this with me if the request arises.
- **Financial agreement:** I agree to pay all fees relating to services received at Redefined Health. I understand that a counselling session is billed at \$200 per hour. Other billable services pertaining to therapy, such as report writing, completion of forms, and professional letters are billed at the same rate. Assessments are billed at \$300 per hour and may require an additional consent form prior to administration.

I agree to provide my therapist with at least 24 hours of notice prior to cancelling or changing an appointment. I understand that an unexcused absence or late cancellation will be automatically charged at 50% of the total cost of the booked session.

_____ Date: _____ 20____.
Name (Please Print)

_____ Date: _____ 20____.
Signature of patient (or legal guardian)

_____ Date: _____ 20____.
Signature of Psychologist