REJUVENATION
HEALTH SERVICES

Psychology Client Intake

Name(s): _____

Date(s) of Birth: _____ Guardian Name: _____

Address: _____ Postal Code: _____

Phone: (H) _____ (C) _____

Emergency Contact: _____ PHONE: _____ RELATION: _____

Email Address: _____

Can we add you to our email list to receive appointment reminders, health tips, health information, and any special offers we may have? Y / N

Where did you hear about us? _____ Have you been in therapy previously? Yes / No

If so, when? _____ Diagnosis (if applicable): _____

Medications: _____

Anything else you would like me to know? _____

ATTENTION ALL CLIENTS

We are unable to direct bill for Psychology services. Please note if you are **unable to keep an appointment**, please make sure to notify the clinic **24-hours in advance** where possible. If you do not provide this notice a regular session amount, **$190 "Did Not Attend Fee"** will be charged to your account**.** PLEASE INITIAL _____

ADULT INFORMED CONSENT

I, _____, give my consent to treatment services provided by Colin Auschrat, registered psychologist. I acknowledge that I have received the information packet and that my rights and the limitations of my right (such as confidentiality) have been explained to me and I can ask questions of my therapist at any time.

Date: _____ Date: _____

Signature: _____ Signature: _____

MINOR (UNDER 18) INFORMED CONSENT

I, _____, give my consent to treatment services provided by Colin Auschrat, registered psychologist to be provided to _____, for whom I am guardian. I will fully disclose to the psychologist any complications in guardianship. I acknowledge that I have received the information packet and that my rights and limitations of my rights (such as confidentiality) have been explained to me.

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

CONSENT TO RELEASE INFORMATION – (ONLY IF NECESSARY)

I, _____, consent to the release of information by Colin Auschrat, registered psychologist, to _____ for the purpose of_____.

Signature:_____ Date: _____

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