



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 Kristine Aanderson, 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 Kristine Aanderson, 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 Kristine Aanderson, registered psychologist, to _____ for the purpose of _____.

Signature: _____ Date: _____