bodymindmotion

sport consultation and psychological services

April Clay, M.Ed., Registered Psychologist

220, 1982 Kensington Road N.W. Calgary, Alberta T2N 3R5 403.283.5525

www.bodymindmotion.com www.outofyourmindcourses.com

Client Intake Form

Name: _____ Date:_____

Date of Birth:_____ Age:_____

Marital Status: _____Number of Years Married or partnered:_____

Children:_____

Phone: home _____work_____ cell_____

Address:_____

Email:_____

May I put you on my email newsletter list? Yes___ No___

Information will not be sold or distributed to any other person or agency.

Please indicate which newsletter(s) you would like to receive:

- ☐ Riding Out of Your Mind: Equestrian Sport Psychology Tips
- ☐ Bodymindmotion: Tips-Mental skills for sport and life

Family doctor:_____ Phone:_____

Please list any major health concerns:

Are you presently on any medication? Yes___ No___

If yes, name of medication(s), purpose and amount:

Who referred you to April?_____

May I thank this person for their referral? Yes___ No___

BRIEFLY DESCRIBE YOUR REASON FOR SEEKING HELP AT THIS TIME:

CONFIDENTIALITY
Generally, all information that is given to us is kept strictly confidential. However, there are four exceptions to the above statement:

1. If a Release of Information has been signed to a specific person or persons with regard to specific information.
2. If, in the professional opinion of the psychologist, there is a potential for harm to self or others.
3. If there is a legal or statutory obligation to report (as in cases of child abuse).
4. If the psychologist is legally required by a court of law to testify, submit a report or release records.

CANCELLATION OF APPOINTMENTS: IMPORTANT!

Please be aware that appointments cancelled **without 24 hours notice** **will be billed at the regular rate.**

PAYMENT: The hourly fee of 190.00 (no GST) is due upon completion of the session. Credit cards are accepted, and an official receipt for insurance or tax purposes will be issued. Thank you.

CONSENT FOR TREATMENT (where applicable):
If your child is under the age of 18 years, permission is required from a guardian. If you are currently separated or divorced from the child's other parent, ***the other parent must be notified and give consent to treatment.***

1. I_____consent to _____ being seen by April Clay, R. Psych. for the purposes of counselling.
   Signature_____ Date:

2. I_____consent to _____ being seen by April Clay, R. Psych. for the purposes of counselling.
   Signature_____ Date: