Green Leaf Psychological Services, Inc.
Registration Form (Adolescent Therapy)

Welcome to Green Leaf Psychological Services and thank you for choosing us. We are eager to work with you and your child and look forward to helping your family address the issues that prompted your inquiry. We want to make the most of every appointment you have with us.

To begin, please fill out the following registration form as completely as possible. Other than in very rare situations (see the attached information sheet) we will keep this form and any information you provide absolutely confidential. If you have questions about anything in this form, please feel free to ask your psychologist for clarification.

Thanks again for choosing us…let's get started!

Child's Name: _____ Child's Age: _____

Child's Gender: _____ Child's Birthdate: _____

Child's School Grade: _____ Child's School: _____

Your Name: _____ Your Age: _____

Your Relationship to Child: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell Phone: _____

Email: _____

Your Education (grade completed, any postsecondary degrees): _____

Your Current Occupation: _____

Relationship status (circle): Single Married Dating Separated Divorced Widowed

Your Spouse/partner's name: _____ Age: ___ Years in relationship: ___

Child's Biological Mother: _____

Child's Biological Mother's Address: _____

Child's Biological Mother's Phone Number: _____

Child's Biological Father: _____

Child's Biological Father's Address: _____

Child's Biological Father's Phone Number: _____

Other Children (genders, ages): _____

All individuals you currently live with and their relationship to you:

_____

1st Person to alert in the event of an emergency: _____

Relationship to you: _____ City or Town: _____ Phone: _____

2nd Person to alert in the event of an emergency: _____

Relationship to you: _____ City or Town: _____ Phone: _____

Child's Family Doctor: _____ Phone: _____

How did you hear about our service?
(e.g., internet search, family doctor, ad, family member, etc.) _____

Has your child had previous psychological interventions? ☐ Yes ☐ No

If yes, please give the name of the clinician(s), when he/she saw them (e.g., Nov, 2018), and the primary reason for the treatment.

_____

_____

_____

_____

_____

_____

_____

Please list your top areas of concern for your child (1 being the most concerning)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Please circle the *personal* concerns you suspect your child may be experiencing:

Abuse (emotional)
Abuse (physical)
Abuse (sexual)
Agoraphobia
Alcohol / Drug abuse
Anger
Anxiety
Assertiveness
Body image
Conflict with friends
Cultural adjustment
Depression
Disability
Eating disorder
Effects of divorce / separation
Family illness
Family issues
Grief
Health issues (family)
Health issues (self)
Internet / video game addiction
LGBT issues
Loneliness
Motivation
Obsessive-compulsive disorder
Panic attacks
Parenting
Perfectionism
Procrastination
Relationship issues
School refusal
Self-confidence
Self-esteem
Self-harm
Sexuality
Shyness / social anxiety
Sleep problems
Specific phobia
Stress
Suicidal thoughts
Traumatic event(s)
Other _____

Please provide a summary of your concerns and the main reasons you initiated therapy.

Policies

Fees
For Psychologists, fees for individual therapy follow the rate recommended by The Association of Psychologists of Nova Scotia – currently $210 per clinical hour..

The fee for a Registered Counselling Therapist is $200 per session.
The fee for a Clinical Social Worker is $190 per session

The fee for Couples Counselling is $220 per clinical hour.

Payment can be made via credit card, debit, eTransfer, or cash.
For therapy, payment is due at the end of the session.

Appointment Duration
Sessions are 50 minutes in duration with the remaining 10 minutes of the hour being used for clinical notes.

Appointment Frequency
Therapy is most effective with regularly scheduled appointments. We typically recommend that appointments are booked every every two weeks, but ultimately, this is your decision to make.

Insurance
In Canada, fees for psychological services are not covered by provincial health plans (i.e., MSI in Nova Scotia). However, if you have private insurance or insurance though your workplace or school, you likely have coverage for our services. We will provide you with a receipt that you can submit for reimbursement. Fees for psychological services are a medical expense and can be claimed on your taxes – save your receipts!

Cancelling or Rescheduling
Green Leaf Psychological is committed to providing all of our clients with exceptional care. When a client does not show or cancels without giving enough notice, they prevent another client from being seen. Also, in fairness to our therapists whose time is wasted when clients do not show for their appointments, we ask that you:

Please call us at (902) 932-8428 at least 24 hours in advance of your scheduled appointment to notify us of any changes or cancellations. You can also cancel or reschedule your appointment by **sending an email to info@GreenLeafPsychological.com with the word "Cancel" or "Reschedule" in the body of the message**.

If prior notification is not given, the full charge for the missed appointment will be issued.

If you will be late for your appointment (for example, due to poor road conditions), please give us a call to let us know that you are on your way (and drive safely)!

Reminders
You will receive an email reminder two days before your appointment.

Feedback, Concerns, & Recommendations
If you have any concerns, suggestions, (or compliments) about our service, we encourage you to contact the owner of Green Leaf Psychological Services, Dr. Brent Conrad. We want therapy to be a positive experience for you, so if there is something we can do to make it even better (big or small), please let us know.

Consent for Service and Confidentiality Information

Green Leaf Psychological Services, Inc.

The information obtained on this registration form and during therapy is confidential and will not be released without first obtaining your informed, voluntary, and written consent. However, there are certain rare situations in which we may need to release or discuss information related to your file. These situations are:

1. If the therapist determines that there is a serious risk of harm to another individual

2. If there is reason to believe that a child or another vulnerable individual is being abused

3. If we are required by law to release information in the file (e.g., due to a legal subpoena)

4. When therapy has been court ordered

5. During a peer consultation with another therapist at Green Leaf Psychological Services

6. If your insurance company requires us to verify your contact with our service in order to be reimbursed

7. For non-payment of outstanding invoices

As a legal guardian of the adolescent being treated, I agree to the above conditions and policies and consent to having my child seen at Green Leaf Psychological Services, Inc.

SIGNATURE: _____ DATE: _____

(client)

SIGNATURE: _____ DATE: _____

(therapist)