



Green Leaf Psychological Services, Inc. Registration Form (Adult Assessment)

Welcome to Green Leaf Psychological Services and thank you for choosing our service. We are eager to work with you and look forward to helping you make positive changes in your life. 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 during your assessment 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!

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell Phone: _____

Email: _____

Age: _____ Birthdate: _____ Birthplace: _____

Gender: _____

Education (grade completed, any postsecondary degrees): _____

Current Occupation: _____

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

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

Children (gender, age): _____

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: _____

Family Doctor: _____ Phone: _____

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

How can we refer to ourselves if we leave a phone message? Green Leaf Psychological Green Leaf

Have you had previous psychological assessments? Yes No

If yes, please give the name of the clinician(s), when you saw them (e.g., Nov, 2017), and the primary finding of the assessment. If you have a copy of the assessment, please drop it off at our office at your earliest convenience.

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

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

If applicable, check the *academic, intellectual, cognitive issues* you wish to have evaluated during your assessment:

- | | |
|---|---|
| <input type="checkbox"/> ADHD (attention, concentration, & focus) | <input type="checkbox"/> Math |
| <input type="checkbox"/> ADHD (hyperactivity) | <input type="checkbox"/> Memory |
| <input type="checkbox"/> ADHD (impulsivity) | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Giftedness | <input type="checkbox"/> Verbal Expression |
| <input type="checkbox"/> IQ | <input type="checkbox"/> Written Expression |

Assessment Policies

Green Leaf Psychological Services, Inc.

Fees

The fee for assessment is \$200 per hour.

Payment can be made via credit card, debit, or cash.

For assessment, payment is due at the end of the final feedback session.

Typical Costs

Depending on the nature of the referral question and the number of tests / interviews necessary for the evaluation, the final fees for a psychological assessment, report, and diagnosis can range from \$1000 to \$3500. In Canada, fees for psychological services are not covered by provincial health plans (i.e., MSI in Nova Scotia). However, if you have health insurance (private, through work, or school) your policy may cover a large portion (or even all) of the assessment. Also, fees for psychological services are a medical expense and can be claimed on your taxes – save your receipts!

Service Hours

As is typical for psychology clinics, the chargeable service rate includes formal testing, interviews, scoring, report writing, and feedback appointments.

Assessment Duration

Again, depending on the nature of the assessment, testing time can range from just a few hours to twelve or more hours. For longer assessments, testing is usually completed over several sessions. Our main goal is to provide an accurate, comprehensive, and helpful assessment. We want this to be an enjoyable, low-stress experience for our clients.

Cancelling or Rescheduling

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 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.

Reminders

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

COVID-19 Changes

As a regulated health profession, we are following all mandates and recommendations from the Nova Scotia Department of Health and Wellness, as well as guidelines specifically for the practice of psychology by the Nova Scotia Board of Examiners in Psychology. There is of course, always an inherent health risk with any public or social interactions - both prior to COVID and after the pandemic. However, notable changes at our clinic during this period include, but are not limited to:

- In addition to in-person service, we now also offer TelePsychology (online or phone) using state-of-the-art security and encryption to make sure client privacy is maintained
- All psychologists and staff at Green Leaf self-screen for COVID-19 symptoms prior to arriving at the clinic
- All clients are asked to complete a short COVID-19 screening checklist prior to service delivery
- A registry of all people entering our clinic is kept to aid in future contact tracing if necessary
- Increased cleaning and disinfecting of all surfaces, testing materials, and payment terminals
- The use of UV air filtration systems
- Installation of plexiglass barriers for situations in which the recommended 6 feet of physical distance cannot be maintained (for example, for certain assessment measures, at the reception desk, etc.)

Consent for Service and Confidentiality Information

Green Leaf Psychological Services, Inc.

The information obtained on this registration form and during the assessment 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 your psychologist determines that you pose a serious risk of harm to yourself or someone else
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 your file (e.g., due to a legal subpoena)
4. When the assessment has been ordered by the court
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
8. If required by public health for contact tracing purposes (e.g., COVID-19)

If you agree to the above conditions and policies and consent to the use of our services, please sign below.

SIGNATURE: _____
(client)

DATE: _____

SIGNATURE: _____
(therapist)

DATE: _____

