



## 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!**

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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:

\_\_\_\_\_

1<sup>st</sup> Person to alert in the event of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ City or Town: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> 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.

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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.**

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### **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](mailto: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.

### **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 your assessment to be a positive experience, 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.

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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

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: \_\_\_\_\_

