



Green Leaf Psychological Services, Inc. Adult Registration Form (Individual & Couples Therapy)

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 each and 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 in session absolutely confidential. If you have questions about anything in this form, please feel free to ask your therapist 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: Single Married Common Law 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: _____

Please describe any significant current or past medical problems: _____

Please list any medications you currently take. Include prescription and over-the-counter medications.

Have you had previous psychological care or counseling? Yes No

If yes, please give the name of the clinician(s), when you saw them (e.g., Nov 2014 - Feb 2015), and the nature of the difficulty at the time.

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 ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

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

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

Check the current concerns you wish to address in therapy:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abuse (emotional) | <input type="checkbox"/> Family illness | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Abuse (physical) | <input type="checkbox"/> Family issues | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Abuse (sexual) | <input type="checkbox"/> Financial concerns | <input type="checkbox"/> Self-confidence |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Grief | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Alcohol / Drug abuse | <input type="checkbox"/> Health issues (family) | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Health issues (self) | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Internet / video game
addiction | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> LGBT issues | <input type="checkbox"/> Shyness / social anxiety |
| <input type="checkbox"/> Body image | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Conflict with friends | <input type="checkbox"/> Motivation | <input type="checkbox"/> Specific phobia |
| <input type="checkbox"/> Cultural adjustment | <input type="checkbox"/> Obsessive-compulsive
disorder | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Parenting | <input type="checkbox"/> Traumatic event(s) |
| <input type="checkbox"/> Divorce / Breakup | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Work stress |
| <input type="checkbox"/> Eating disorder | | Other _____ |

What is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish.

Guidelines for Effective Therapy

Green Leaf Psychological Services, Inc.

Goals

Therapy can be a powerful force for personal change. In order for it to be most effective, it helps to have clear and specific goals. Initially, you may find it difficult to express your hopes for therapy in the form of goals. That's OK...feel free to discuss anything you wish to improve or change in your life with your therapist. Goals may also change over time, which is also fine.

Team Approach

You and your therapist will be working as a team to make these goals a reality. Therapy will *always* work best when you and your therapist are actively working together rather than treatment being “delivered” to you by your therapist.

Honesty

Honesty is an absolutely essential element of therapy. Although it can sometimes be difficult to talk about certain concerns, please remember that for counselling to be effective, your therapist needs to know what may be troubling you and what you believe is contributing to these difficulties.

Feedback

We want to hear your feedback! If a session has been especially productive, please let us know what you have found helpful. Of course, if you believe that therapy is not progressing the way you would like it to, we want to hear this as well. Your therapist's primary objective is to help you achieve the goals you have set for counselling...constructive feedback is always helpful and welcomed.

Homework

“Homework” is a common feature of therapy. Your psychologist or counsellor may provide homework or assignments that he/she believes will speed up or solidify your progress in therapy. If homework is assigned, it is very important that you attempt to complete it. A client who is actively working on therapy goals in between appointments is far more likely to benefit from scheduled counselling sessions.

Policies

Green Leaf Psychological Services, Inc.

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

As is the norm for psychotherapy practices, 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 week or 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 through 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.

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 your therapist 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 therapy itself 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

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: _____