



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

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 this assessment. 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 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!

Child's Name: _____	Child's Age: _____
Child's Gender: _____	Child's Birthdate: _____
Child's School Grade: _____	Child's School: _____
Child's Teacher: _____	

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 assessments?

Yes No

If yes, please give the name of the clinician(s), when he/she saw them (e.g., Nov, 2017), and the primary finding of the assessment. If you have a copy of the assessment, please bring it to your first appointment.

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

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

If applicable, circle the *academic, intellectual, cognitive, or behavioral issues* you wish to have your child evaluated for during the assessment:

- | | |
|--|--------------------|
| ADHD (attention, concentration, & focus) | Math |
| ADHD (hyperactivity) | Memory |
| ADHD (impulsivity) | Reading |
| Dyslexia | Spelling |
| Giftedness | Verbal Expression |
| IQ | Written Expression |

If applicable, circle the *personal* concerns you suspect your child may be experiencing:

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

Assessment Policies

Fees

The fee for assessment is \$220 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 of your child. We want this to be an enjoyable, low-stress experience for your child. To accomplish both of these goals, it is far better to take breaks as needed and to schedule multiple sessions rather than force a child to be tested when he/she is tired or frustrated.

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.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.

Reminders

You will receive an email reminder one or 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 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 the psychologist 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 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

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

SIGNATURE: _____
(Client)

DATE: _____

SIGNATURE: _____
(Psychologist)

DATE: _____

