



Psychological Services Intake Form

This information is collected for the purpose of providing psychological services. All information held is strictly confidential. Varsity Natural Health Center Privacy Policy is available upon request.

Name: First _____ Last _____

Date of Birth: _____ Phone _____
(day) (month) (year)

Please circle or * some words that best describe your general state of being at this time in your life:

Content Stressed Tired Angry Bored Anxious Happy Depressed Satisfied Numbed out

Sad Worried Grieving Lonely Frustrated Confused Down Mellow Other: _____

How are your current eating and sleeping habits/patterns? _____

Do you drink alcohol and/or use recreational drugs? If so, what and how often? _____

Any physical health issues or chronic pain (please include *any* medications you may be taking)?

Are you currently receiving any other treatment or therapies of any kind (including those of a physical, mental, emotional, or spiritual nature)? _____

Who or what makes you feel supported when things are most difficult?

What brings/has brought you joy and/or peace in your life? _____

How did you find out about me? If referred by someone, do I have your permission to thank this person (Y/N)? If "yes", please provide name: _____

The above information is accurate and freely given. Signature: _____

Monica Dragosz, M.A., RSW

I am a Registered Social Worker with the Alberta College of Social Workers. You may be able to claim counselling services under your extended health insurance plan through your employer, but it is up to you to verify that the services of an RSW are covered. I will provide you with a written receipt that can be used for claims.

Fees for counselling services are currently set at \$150.00 for a one hour session. Payment at Varsity Natural Health Center is collected before your appointment via cash, cheque, debit, or credit. A reduced fee may be offered to you once you have attended a minimum of five sessions if a) it is clear you would like to continue, b) we have concluded that we are a good fit to keep working together, and c) continuing therapy at my regular rate will create a financial hardship for you.

Counselling services are completely confidential – EXCEPT in situations in which your disclosures lead me to believe that there is imminent risk of harm to you or someone else (which includes risk to a child or dependent adult). I will only break confidentiality and involve third parties if I believe risk is immediate, which in this instance, is a legal/ethical obligation on my part. The only other occasions in which information would be released are rare instances in which my records or testimony is/are subpoenaed for court proceedings, or with your own written consent for information to be released to a third party such as a family member or your family physician.

Appointments missed, changed, or cancelled with less than 24 hours notice are billed at the full hourly rate – this is an industry standard and NOT mentioned only as a formality. Exceptions are ONLY made for emergencies and sudden-onset illness.

Please sign indicating that you have read and understand the above terms and conditions.

Signature: _____