



SIMCOE PLACE HEALTH CLINIC

200 Front St. West, Unit C021D, Toronto, ON M5V 3K2
T: (416) 599-9000 F: (416) 599-9001

New Patient Intake
(Practitioner Name)
Registered Psychologist

Please complete:

Mr. / Mrs. / Ms. / Miss

Last name: _____ First name: _____

Date of birth (M/ D/ YY): _____ Gender: _____

Occupation _____ Employer: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone #: _____

Contact person in case of emergency: Name: _____

Phone: _____ Relationship: _____

Name of Family M.D. : _____ Are we able to contact? Yes / No

How did you hear about our facility? _____

Consent to Assessment and Treatment

The purpose of the first session is for the clinician to evaluate your needs in order to determine suitability for treatment here, and to develop a treatment plan. You may also be asked to complete psychological questionnaires for this purpose. Typically, treatment begins in your second session. (Practitioner Name) uses a short-term treatment model, lasting 6 to 20, 50-minute sessions, though this will depend on each individual's needs.

The purpose of therapy is to improve your emotional and psychological health. Therapy will vary depending on the problem and treatment goals you wish to address. Your therapist will discuss suggestions for treatment with you. This conversation may include talking about therapy methods and techniques, the benefits and possible risks of treatment, the probability of success, the prognosis without the treatment, and possible alternative approaches. Please be aware that you have the right to a second opinion, and to end therapy as you see fit.



SIMCOE PLACE HEALTH CLINIC

200 Front St. West, Unit C021D, Toronto, ON M5V 3K2
T: (416) 599-9000 F: (416) 599-9001

(Practitioner Name) is a registered member of the College of Psychologists. Concerns regarding your therapist's conduct can be reported to the College of Psychologists.

Please be informed that information shared with (Practitioner Name) will not be shared with others without your written consent. She/he does not share information with other practitioners on site unless the client consents to disclosure. Client files are kept in a secured filing cabinet for a minimum of 10 years after the date of your last contact with (Practitioner Name) .

Please be aware of the following additional limits to confidentiality:

1. In situations where there is a court order, the therapist is legally required to submit the requested information or documents.
2. In situations where the client is at imminent risk of causing serious physical harm to him/herself or to another person, steps will be taken to offset the consequences of such action.
3. The Regulated Health Professions Act makes it mandatory to file a report when the practitioner has reasonable grounds to believe that another member of the same or different profession sexually abused a patient.
4. The Child and Family Services Act states that, when a practitioner has reasonable grounds to suspect that a child has, or may have suffered abuse (including physical, sexual, emotional abuse and neglect) the practitioner shall report the suspicion and the information on which it is based to a children's aid society.
5. The College of Psychologists of Ontario may conduct an audit of the files, for quality assurance purposes.

(Practitioner Name) is responsible for discussing the fee arrangement and cancellation policy with you as early as is reasonably possible. The fee for this therapy will be: \$220.00 per session. The Clinic's cancellation policy requires 48 hours notice for missed appointments. Without 48 hours notice, you may be charged \$50 for the missed appointment which was held for you.

Lastly, signing this form indicates that you have had a chance to ask questions and obtain understandable answers, that you have received and understood the above information, and that your consent for (Practitioner Name) to begin assessment and treatment is voluntary.

Name of Client _____

Signature of Client _____ Date _____

(Practitioner Name) Date _____