

# Client Intake Form

## bodymindmotion

*sport consultation and psychological services*

April Clay, M.Ed., R. Psych

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[www.bodymindmotion.com](http://www.bodymindmotion.com)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Years Married or partnered: \_\_\_\_\_

Children: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

May I put you on my email newsletter list? Yes \_\_\_ No \_\_\_

*Information will not be sold or distributed to any other person or agency.*

Please indicate which newsletter(s) you would like to receive:

- Riding Out of Your Mind: Equestrian Sport Psychology Tips
- Bodymindmotion: Sport Psychology Tips
- Living Well: Tips for Healthy Living

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any major health concerns:

Are you presently on any medication? Yes \_\_\_ No \_\_\_

If yes, name of medication(s), purpose and amount:

Who referred you to April? \_\_\_\_\_  
May I thank this person for their referral? Yes\_\_\_\_ No\_\_\_\_

BRIEFLY DESCRIBE YOUR REASON FOR SEEKING HELP AT THIS TIME:

**CONFIDENTIALITY**

Generally, all information that is given to us is kept strictly confidential. However, there are four exceptions to the above statement:

1. If a Release of Information has been signed to a specific person or persons with regard to specific information.
2. If, in the professional opinion of the psychologist, there is a potential for harm to self or others.
3. If there is a legal or statutory obligation to report (as in cases of child abuse).
4. If the psychologist is legally required by a court of law to testify, submit a report or release records.

**CANCELLATION OF APPOINTMENTS: IMPORTANT!**

Please be aware that appointments cancelled **without 24 hours notice will be billed at the regular rate.**

**PAYMENT: The hourly fee of 150.00 (no GST) is due upon completion of the session. Credit cards are accepted, and an official receipt for insurance or tax purposes will be issued. Thank you.**

I \_\_\_\_\_ understand and accept these terms. (Signature)

**CONSENT FOR TREATMENT (where applicable):**

If your child is under the age of 18 years, permission is required from a guardian. If you are currently separated or divorced from the child's other parent, the other parent must be notified and give consent to treatment.

1. I \_\_\_\_\_ consent to \_\_\_\_\_ being seen by April Clay,  
R. Psych. for the purposes of counselling.  
Signature \_\_\_\_\_ Dated: \_\_\_\_\_
  
2. I \_\_\_\_\_ consent to \_\_\_\_\_ being seen by April Clay,  
R. Psych. for the purposes of counselling.  
Signature \_\_\_\_\_ Dated: \_\_\_\_\_