

PSYCHOEDUCATIONAL SERVICES

CHILD/TEEN INTAKE FORM

1115 Carp Road, Stittsville (Ottawa), ON K2S 1B9 TEL. (613) 836-8357 FAX: (613) 836-8128

CLIENT (CHILD'S/TEEN'S) INFORMATION

Name: _____ Gender: Male Female
Date of Birth: _____ Age: _____ Home Phone: (_____) _____
Home Address: _____

RESPONSIBLE PARTY (PARENT'S/GUARDIAN'S INFORMATION)

Parent/Guardians:

Mother's Name: _____
Home Address: Same as above or: _____
Home Phone: (_____) _____ Occupation: _____
Employer: _____ Work Phone: (_____) _____
Marital Status: Single Married Separated Divorced Widowed
E-mail address: _____

Father's Name: _____
Home Address: Same as above or: _____
Home Phone: (_____) _____ Occupation: _____
Employer: _____ Work Phone: (_____) _____
Marital Status: Single Married Separated Divorced Widowed
E-mail address: _____

FEES CHARGED: The fees charged by consultants/clinicians at **Psychoeducational Services** are based on the amount of time scheduled for dealing with client issues. Rates are \$100.00 per hour including GST. The minimum amount of time scheduled/charged by our clinicians is for a half session (25-30 minutes in length). If additional time beyond the scheduled time is taken to assist clients, you will be charged for the amount of time used. In addition, clients are typically *not charged* for: time spent on the telephone with clients or their physician/school personnel (i.e. brief consults of less than 10 minutes); the completion of data summary reports/short letters; graphing and scoring of assessments and rating scales; and time taken to write notations in a client's chart.

INSURANCE BILLING: It is not our policy to bill insurance carriers for our clients. We will always provide clients with receipts that may be submitted to your insurance carrier for reimbursement and would suggest that they be accompanied by a letter of referral from your physician. We would suggest that you check with your insurer first to ensure proper coverage, if necessary. Clients are responsible for all charges whether or not they are covered by their insurance. Please note that Richard Glatt is a **Provincially Certified Psychoeducational Consultant**.

PAYMENT POLICY: Psychoeducational Services requires payments for in-office services at the time services are rendered. Payment may be made by cash or personal cheque. TELEPHONE APPOINTMENTS MUST BE PREPAID BY CHEQUE. As Clients are expected to maintain a zero balance our office does not send clients statements on a regular basis. An administration fee may be applied for returned cheques.

APPOINTMENT CANCELLATION POLICY: Psychoeducational Services requires that cancellations for scheduled appointments be received a minimum of **24 hours in advance** AND during regular office hours (Monday through Friday 9:30am to 5:00pm). **Unkept or cancelled appointments that do not follow this policy may be charged an unkept appointment fee at the discretion of your clinician.** This fee can equal but will not exceed the clinician's fee for the time originally scheduled (usually only \$50/hour). Insurance companies do not pay for unkept appointment fees and clients are held fully accountable for this charge.

I have read and understand the above stated policies of Psychoeducational Services.

Signature of Responsible Party (required): _____
Date: _____, 20

**** Please bring this completed form to your first appointment. Thank you. ****