

Date: \_\_\_\_\_

**Informed Consent for Mind/Body Psychotherapy  
Angela MacKay, M.Sc., Psychologist**

**Client(s) Name(s):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:(home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_ **(work)** \_\_\_\_\_

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

**Current Occupation:** \_\_\_\_\_ **Family Physician:** \_\_\_\_\_

**Referred by/learned of services from:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**I. Policy and Payment:**

I/We hereby acknowledge that the payment policy has been explained to me/us and I am in agreement with the following terms:

1) **The fee is \$190.00/60 minute session.** Requests for written reports and letters are subject to my hourly rate and will be billed accordingly.

2) **If I/we miss an appointment or do not give 24 hours notice of cancellation,** I/we are aware that the credit card number provided will be charged **in full for the full session fee. 24 hours notice will be given before the credit card is debited.**

3) There will be no billing of fees, rather, I/we will pay for each session with Visa/Debit/Mastercard, cash or cheque at the time of the service provided. **I understand that NSF cheques will then be charged to my credit card for the full session fee. 24 hours notice will be given before the session fee is charged to my credit card.**

**4) Credit Card Information:**

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_ Credit Card Security #(3 or 4 digits) \_\_\_\_\_

Credit Card Billing Address (Postal Code): \_\_\_\_\_

## **II. Confidentiality:**

You have the right to confidentiality. However, the following are **legal exceptions** to your right:

**a) if you intend to harm yourself or another person, b) if you give me reason to believe that you are abusing/neglecting a child or a vulnerable adult, and c) if my records are subpoenaed by a court of law.**

## **III. Children's Rights:**

As there is no age of consent in Nova Scotia, there is no specific age in which parents have complete access to confidential information obtained during individual psychotherapy with their child. It is at the psychologist's discretion as to whether a child is deemed mature enough to be autonomous and therefore have a right to confidentiality. If your child is at risk of serious harm, I am required by law to inform you.

**If the parents of the child are separated/divorced, it is required for both parents to provide written informed consent for the child to participate in psychotherapy.**

## **IV. My Training and My Approach to Psychotherapy:**

I obtained my Masters of Science in Clinical Psychology from the University of Calgary in 2001. I am currently registered with the Nova Scotia Board of Examiners in Psychology and am a member of the Association of Psychologists of Nova Scotia.

The focus of my training was Cognitive Behavioural Therapy with children, adolescents, and adults. Through professional development, I have acquired knowledge and skills from other psychological perspectives, including Mindfulness Training, Yoga Therapy, Play Therapy, and Energy/Somatic Psychology. I am a certified Logosynthesis Practitioner, as well as Phoenix Rising Yoga Therapy Practitioner.

My approach to counselling uses strategies from the above traditions which include: meditation and mindfulness practices, cognitive behavioural interventions, grounding exercises, art, play therapy, Qigong, yoga therapy, journaling, and Logosynthesis.

## **V. What to Expect:**

Mind/Body Psychotherapy is based on the premise that healing and creating positive life changes take time, patience, and gentleness. The therapeutic process is slow and subtle. It is helpful to be aware of your expectations of yourself and therapy, as having unrealistic expectations can create more suffering and distress. Keep in mind that you may notice things getting worse before they get better. This is the nature of the therapeutic process and is nothing to be concerned about. Some of the above techniques will be introduced over the course of psychotherapy. I will explain their intended purpose, give instruction, explain their specific benefits and risks, and provide you with an opportunity to ask any questions.

**I/we have read the above and understand that:**

- Sessions will be paid in full at the time of the session.**
- My credit card will be charged for the full session fee for late cancellations/missed appointments after receiving 24 hours notice.**
- NSF cheques will be discarded and the full amount of the session will be charged to my credit card after receiving 24 hours notice.**

I/we agree to the above terms for receiving psychological services.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mind/Body Psychotherapy Intake Form**  
**Angela MacKay, M.Sc. Psychologist**

**Please complete all questions that you feel comfortable answering.**

**Family Information**

People Currently Living in Your Household

Name	Relationship	Age	Occupation or Grade Level

Do you have any children not living with you? \_\_\_\_\_

If yes, please list their names, ages, and where they are living: \_\_\_\_\_  
\_\_\_\_\_

Please describe why you are seeking help for you/your child at this time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what you are hoping to gain from counselling for you/your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any member of your extended or immediate family ever been diagnosed, treated, or hospitalized for mental health concerns? \_\_\_\_\_

If yes, please list who, when, and for what reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do/did you have any family members who have/had problems with alcohol or using drugs?

\_\_\_\_\_ If yes, please list who, when, and if it is still a problem: \_\_\_\_\_  
\_\_\_\_\_

Has any member of your family attempted or committed suicide? If so, please list who, when, and what happened: \_\_\_\_\_  
\_\_\_\_\_

### Health/Mental Health Information

**(If the client is a child, please complete the below information about the child.)**

Have you/your child ever seen a counsellor, psychologist, psychiatrist or other mental health professional for any mental health concerns? \_\_\_\_\_

If yes, please list who, when, and why: \_\_\_\_\_

\_\_\_\_\_

Have you/your child ever been hospitalized for mental health or drug/alcohol concerns? \_\_\_\_\_

If yes, please list when and for what reason: \_\_\_\_\_

\_\_\_\_\_

Do you/your child use alcohol and drugs? \_\_\_\_\_ If yes, please list the substance, the amount, and frequency of use: \_\_\_\_\_

\_\_\_\_\_

### Current Medications

**(Please include prescriptions, over the counter, herbs, and supplements.)**

Medication	Dosage	Reason for Taking

### Past Medications

**(Particularly those taken for Mental Health Concerns)**

Medication	Dosage	Reason for Taking

Have you/your child ever had surgery? \_\_\_\_\_ If yes, please list when, why, and type of surgery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any of your/your child's current health problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any of your/your child's past serious illness, injuries, or health concerns, including complications during pregnancy/birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you/your child ever been physically, emotionally, or sexually abused? \_\_\_\_\_  
If yes, please indicate the type of abuse, the age you/your child was when it occurred, and the relationship to perpetrator: \_\_\_\_\_  
\_\_\_\_\_

Please list all of your/your child's past life stressors (death of friends/family, separation from parents, multiple moves/relocation), including when and what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all of your/your child's current life stressors (up to one year ago): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your/your child's strengths, abilities, and coping strategies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you feel I need to know about you/your child in order to work with you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_