

**Psychotherapy Client Intake**

\* denotes R Macdonald Professional Corporation

_____ First Name		_____ Last Name		_____ Emergency Contact Name and Number	
_____ Address			_____ City		_____ Postal Code
_____ Cell Phone		_____ Work Phone		_____ Email (for appointment reminders)	
_____ Birthdate (dd/mm/yr)		_____ Gender	_____ Marital Status		_____ Occupation
_____ Family Doctor			_____ Alberta Health Care Number		

**For your convenience, we can keep a credit card on file:**

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiry: \_\_\_\_ / \_\_\_\_      CCV: \_\_\_\_\_

**EXTENDED HEALTHCARE COVERAGE**

_____ Insurance Company Name		_____ Group ID/Policy Number		_____ Member Number	
_____ Relationship to Cardholder (self, spouse, child)			_____ Name of Cardholder		

**HEALTH INFORMATION**

**Mental Health Priorities/ Chief Concerns:**

List your main Mental health concerns in order of importance:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Describe your overall Mental health:       Poor       Fair       Good       Excellent

## MEDICAL HISTORY

Have you previously received any type of mental health services  
(psychotherapy, psychiatric services, Psychological Services, Counseling, act.)?.

Yes      No      Previous Therapist/Practitioner \_\_\_\_\_

Are you currently taking any prescription medication?      No      Yes      If yes, please list:

\_\_\_\_\_

Have you ever been prescribed psychiatric medication?      No      Yes      If yes, please list and provide dates:

\_\_\_\_\_

What was the reason for seeking mental health service ?

\_\_\_\_\_

### General and Mental Health Information

1. How would you rate your current physical health?

Poor      Unsatisfactory      Satisfactory      Good      Very good

Please list any specific health problems you are currently experiencing: \_\_\_\_\_

2. How would you rate your current sleeping habits?

Poor      Unsatisfactory      Satisfactory      Good      Very good

Please list any specific sleep problems you are currently experiencing: \_\_\_\_\_

\_\_\_\_\_

3. How many times per week do you generally exercise? \_\_\_\_\_

4. What types of exercise do you participate in? \_\_\_\_\_

5. Please list any difficulties you experience with your appetite : \_\_\_\_\_

6. Are you currently experiencing overwhelming sadness, grief or depression?  
If yes, for approximately how long? \_\_\_\_\_      No      Yes

7. Are you currently experiencing anxiety, panics attacks or have any phobias?  
If yes, when did you begin experiencing this? \_\_\_\_\_      No      Yes

8. Do you drink alcohol more than once a week?      No      Yes

9. How often do you engage in recreational drug use? \_\_\_\_\_

Daily      Weekly      Monthly      Infrequently      Never

10. Are you currently in a romantic relationship? No      Yes

If yes, for how long? \_\_\_\_\_

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship? \_\_\_\_\_

11. What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

\_\_\_\_\_

### FAMILY HISTORY

Please indicate whether **you or your immediate family members** have or had the following conditions:

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g.. father, grandmother, uncle, etc.)

#### Please List Family Member and Specify the condition

Attention-Deficit/Hyperactivity Disorder. \_\_\_\_\_

Anxiety Disorder \_\_\_\_\_

Mood Disorder \_\_\_\_\_

Depressive Disorder \_\_\_\_\_

Obsessive-Compulsive and Related Disorder \_\_\_\_\_

Trauma- and Stress-Related Disorder \_\_\_\_\_

Bipolar and Related Disorders \_\_\_\_\_

Somatic Symptom and Related Disorders \_\_\_\_\_

Eating Disorders \_\_\_\_\_

Impulse-Control \_\_\_\_\_

Conduct Disorders \_\_\_\_\_

Substance-Related and Addictive Disorders \_\_\_\_\_

Personality Disorders \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

## Declaration and Consent to Counseling and Psychotherapy

### What Is Psychotherapy?

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems. Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health. Specific psychotherapeutic strategies may be employed to alleviate specific problems causing distress such as depression, anxiety or relationship problems. Self-awareness is seen as an important key to changing attitudes and behavior. Psychotherapy may involve the development of insight as to how our physical health may be compromised in many ways by emotional and relationship issues. Therapy is designed to help clients of all ages understand how their feelings and thoughts and past experiences affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others. Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because sometimes elements of one's history of important affections and hostilities toward parents and siblings or significant others are often unconsciously shifted onto the process of therapy.

### Psychotherapist - Maia Mazanishvili

Maia is Psychotherapist, with more than 10 years of professional and voluntary experience in the field of Psychodiagnostics Psychotherapy and Counseling. specializing in personality disorders, addictions, PTSD, trauma, depression, anxiety, chronic illness and pain management, corrections and rehabilitation, using Cognitive Behavioral Therapy, Applied Behavioral Analyses, Psychodynamic Psychotherapy, Narrative psychotherapy Motivational interviewing, Behavioral Techniques and Multidisciplinary Approach. Maia has a proven success in managing Mental Health and Addiction as a Clinical Director at Recovery Centers, as well as developing strong psycho-social units in the governmental departments of Georgia. as former Clinical Director of Canadian Addiction Recovery Network, Head of Psychological Unit of Penitentiary Department of Ministry of Corrections, Head of Psychological Department and Lead Trainer in Penitentiary and Probation Training Centre of Ministry of Corrections, Chef specialist in Psychological Selection and Monitoring Department of Ministry of Defence, Onco-psychologist in National Cancer Center, was always focused on the Mental health and safety of beneficiaries. Maia Has Implemented empirical based methodologies of research and treatment, inserting multidisciplinary approach based on the bio-psycho-social model.

Maia Mazanishvili has BA in Psychology and MS is Psychodiagnostics and Counseling. she is Professional member of CCPA (Canadian Counseling and Psychotherapy Association). Member of CMHA (Canadian Mental Health Association) Member of CACCF (Canadian Addiction Counsellors Certification Federation). **Currently, counselling and/or psychotherapy are only regulated (or are being regulated) in the provinces of Quebec, Ontario and Nova Scotia.**

Maia is in the process of registration with CAP (College of Alberta Psychologists) to become a Registered Psychologist in Alberta. **At this time Maia, as a Psychotherapist, is not covered under extended healthcare plans in Alberta. Clients will not be reimbursed by their extended healthcare provider for psychotherapy services.**

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**Client Signature (Or Legal Guardian)**

# Declaration and Consent to Counseling and Psychotherapy

## Description of Assessment Services Provided

The goal of a psychological assessment is to answer questions concerning issues related to cognitive, intellectual, academic, social, emotional, and/or behavioural functioning. This is generally accomplished through standardized testing (e.g., intelligence, academics, symptom profiles and personality tests), informal testing, interviews, questionnaires, observations, and review of previous records or reports. Each assessment typically involves a few visits for the session for a background interview, individual assessment sessions, and a feedback interview. The scores will be interpreted according to evidence based research and guidelines. Feedback is provided both in a face-to-face meeting and in the form of a detailed written report. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long term problems. If I decide to use a diagnosis, I will discuss it with you. All of the diagnoses used on the session come from a book titled the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) and the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

## Confidentiality

With a few exceptions, you have the absolute right to confidentiality in your therapy. This means that I cannot share what you have told me to anybody without your consent to do so. You may direct me in writing to share information with whomever you deem necessary and you may revoke that permission at any time. I may legally speak to regulated health care provider without your consent, but I would only do so when necessary for the delivery and management of your health care or in the case of an emergency. There are times when confidentiality must be broken without your consent. These circumstances include:

- reason to believe that you are at serious and imminent risk of physically harming yourself or another person.
- reason to believe that a child is suffering from abuse and/or neglect.
- If you have been sexually abused by another regulated health professional.
- A court has subpoenaed your records.

If you or your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered a part of the couple's therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner.

## Benefits & Potential Risks

Most people who take risks in therapy find it helpful. You may gain a better understanding of yourself and your personal goals and values, and develop skills for improving your relationships. You may overcome a specific problem such as depression, Anxiety, eating disorder, Pain, addiction etc.. It may be an opportunity for you to resolve relationships from your past and to heal from traumatic experiences. Methods used in therapy include dialogue, free association, interpretation, relaxation, cognitive restructuring, exposure exercises, awareness exercises, self-monitoring experiments, visualization, writing, drawing and reading. Some people find that participating in psychotherapy results in positive changes that were not expected or intended at the outset.

Despite its many benefits, therapy has potential emotional risks. Therapy should be a transformative process over time, but it requires that you discuss experiences and events in your life that may be unpleasant. This may increase feelings of sadness, anger, anxiety, fear, shame or other unpleasant feelings. Making changes in life can be difficult and may be disruptive to the relationships you have. may feel worse before you begin feeling better. It is important that you consider carefully all the risks. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your psychotherapist immediately of any change in your condition.

## Consent to release Information

I give Evolve Chiropractic & Wellness Center my consent to release/obtain information from the following individuals with respect to my care by report, letter, phone, fax, email or direct communication:

Physician(s)

Employer

Insurer

Other

INITIALS

**Credit Card Holder Authorization**

I, the previously-named authorized credit card user, give Evolve Chiropractic and Wellness Center express authorization to charge my credit card for the purposes of 1) Payment for services rendered by any practitioner at Evolve Chiropractic and Wellness Center. 2) Payment for goods purchased from any practitioner at Evolve Chiropractic and Wellness Center. 3) Payment for any outstanding balance I may incur. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all agreed upon (as stated above) charges as well as any and all collection and legal fees. This credit card is authorized for only the charges noted above.

INITIALS

**IF I AM UNABLE TO ATTEND A SCHEDULED APPOINTMENT I WILL PROVIDE 24 HOURS NOTICE TO AVOID BEING CHARGED A MISSED APPOINTMENT FEE OF 100%. I AGREE TO PAY MY FULL ACCOUNT AT THE TIME OF EACH VISIT OR TREATMENT, INCLUDING FEES FOR SERVICE AND ANY GOODS PURCHASED.**

I hereby acknowledge that I have discussed with the Psychotherapist the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment. I understand that I will not be able to use health insurance or other benefits to get reimbursement or coverage for the psychotherapy service. I hereby consent to Psychotherapy treatment as proposed to me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Client Signature (Or Legal Guardian )

\_\_\_\_\_  
Psychotherapist Signature