

Dr. Jim Roche

Registered Psychologist, BC 1610

Registered Marriage and Family Therapist, BC 24864

Practicing in the Fields of Educational, Clinical and Neuropsychology

BRIEF INTAKE FORM

NAME (S) _____

ADDRESS _____

PHONE _____

Is it OK to leave messages at this number (circle) Y N

EMAIL _____ @ _____

Is it OK to send appointment reminders to this email? Y N On your phone? Y N

What is/are the primary reason(s) for seeking psychological services?

When did this problem begin?

Have you seen other professionals about this issue?

What treatment have you tried or received? (Including books you may have read etc)

What are your goals for this current engagement in therapy or an assessment?

Do you suffer from any medical conditions I should be aware of?

Are you seeing a medical doctor/physician?

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When was your last comprehensive check up? _____

Is there anything else I should be aware of?

If you are seeing me with a child, do you hold custody? YES _____ NO _____

If only one parent is attending:

Is the other parent aware you are coming today, and have they agreed? YES _____ NO _____

Please explain any issues relating to custody I should be aware of _____

Many individuals see me relating to legal or "forensic" issues, such as a divorce case, personal injury or a complaint about workplace accommodations etc. In these cases a very different set of procedures and agreements need to be made. Please let me know this before we start our work together. Are you involved in a legal case? Yes _____ No _____

If you have any previous records, tests, assessments or other materials you would like to share please feel free to bring a copy of those material with you for me. I cannot review materials before we begin our process and agree on it's direction.

Sessions are billed at \$200 per session. Please be prepared to make payment by e-transfer, check (preferred), cash or if necessary pay on-line via Paypal with your credit or debit card. If you cannot make an appointment you must cancel 48 hours in advance. There is a charge of 50% for missed appointments. Assessments are usually billed at a specific rate we agree to after discussing the case. There may be other forms you could print out and complete. See the webpage.

You may use the back of these paper to write more. If you do, please check here _____

SIGNATURE _____ DATE _____

NOTES: