



Mindset Toronto

Yasmeen Farrage, MA, RP
Mindset Toronto

Registered Psychotherapist – Reg #: 4591

Clinical Therapist | Mental Health Clinician | Psychometrist

Private Practice Supervised by Dr. Jennifer D. Walsh, Psy.D., C. Psych., Reg. # 5341

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CLIENT INTAKE FORM (Please Print)

Today's date:				Therapist: Yasmeen Farrage			
						<input type="checkbox"/> Limits of Confidentiality Reviewed	
Personal Information							
Client's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Street address & unit #:				Birth Date: MM/DD/YYYY / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> _____	
City:			Province:		Postal Code:		
Home Phone:	Msg OK? <input type="checkbox"/> Y or <input type="checkbox"/> N	Cell Phone:	Msg OK? <input type="checkbox"/> Y or <input type="checkbox"/> N	Email Address:			
Occupation:		Employer:		Work Phone:		Msg OK? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Emergency Contact Person:			Relationship to client:	Home/Cell Phone:	Work Phone:		
Family Physician:			Address:	Phone:	Fax:		
Are you taking Medication? <input type="checkbox"/> Y or <input type="checkbox"/> N							
If yes, please list: _____		Reason: _____		How Long? _____		_____	
_____		Reason: _____		How Long? _____		_____	
_____		Reason: _____		How Long? _____		_____	
REFERRAL INFORMATION							
How did you hear about my services? _____							
<input type="checkbox"/> Google Ad <input type="checkbox"/> Psychology Today <input type="checkbox"/> GoodTherapy.Org <input type="checkbox"/> Word of mouth <input type="checkbox"/> Professional/Clinician referral							
Please inform me about the services you are interested in receiving: <input type="checkbox"/> Individual <input type="checkbox"/> Adolescent <input type="checkbox"/> Anger Management <input type="checkbox"/> Psychological Assessment <input type="checkbox"/> Other _____							
Have you attending counselling previously? <input type="checkbox"/> Y or <input type="checkbox"/> N							
If yes, when? _____		Reason? _____					
Was counselling helpful? Please explain. _____							
Based on your perception, briefly describe the difficulties that you are experiencing: Please list three goals you would like to achieve during the counselling process: (1) (2) (3)							

Extra space...

FOR ANGER MANAGEMENT OR LEGAL INVOLVEMENT CASES ONLY *(REQUIRED)

Reason for Referral:

Personal Development Recommended by a Family Member Court/Lawyer Recommended Court-Mandated Other _____

Consent to Disclose Information to Legal Representative:

I _____ give consent to Yasmeen Farrage to provide attendance information and Letter of Completion to the following legal representative:

Name of Legal Representative: _____ Position: _____

Firm Name: _____ Contact Person: _____

Address: _____ City _____ Province _____ Postal Code _____

Phone: _____ Fax: _____ Email: _____

Signature of Client _____ Date: _____

CANCELLATION POLICY

Please be mindful that your appointments are scheduled especially for you, therefore I kindly ask you to provide me with 24-48 hour notice if you intend to cancel your appointment. Unfortunately if I do not receive 24 hour notice for cancelled appointment, your FULL FEE for your appointment will be required.