Halle H. Sailer R.P., CACBT
Registered psychotherapist in Ontario (CRPO)
Canadian Association of Cognitive Behavioral Therapy- member
(M.D. Germany)

Group Therapy, Individual and Family Therapy
Dynamic Psychotherapy, Cognitive Behavioral Therapy
Motivational Interviewing Therapy and Mindfulness

Welcome! I look forward to helping your health needs.
Information given in this praxis is fully confidential unless otherwise required by law.

Health information	
Date:	Who is filling this form?

Please Print			
Last Name:		First Name:	
Date of Birth:		Age:	Male/Female:
Address (Please print clearly):			
Street & Nr.		Home number:	Cell number:
City:		Emergency contact: Name	Tel:
Postal Code			
Email:		Others:	
Have you been treated with psychotherapy? If yes, what kind?		Please list (print) all medication that you are on now. 1. 2. 3. 4. 5.	
Has been you participated in any group therapy? If yes, where?			
Referring Doctor: Name:		Tel:	Fax:
Family Doctor: Name:		Tel:	Fax:
Psychiatrist: Name:		Tel:	Fax:

Reasons for Referral:
1.
2.
3.

What are the main concerns/problems currently: (The areas that need improvements)?
1.
2.
3.

What is hoped to achieve/improve or change?
1.
2.
3.
4.

Halle H. Sailer R.P., CACBT
Registered psychotherapist in Ontario (CRPO)
Canadian Association of Cognitive Behavioral Therapy- member
(M.D. Germany)

Group Therapy, Individual and Family Therapy
Dynamic Psychotherapy, Cognitive Behavioral Therapy
Motivational Interviewing Therapy and Mindfulness

DECLARATION AND CONSENT:

I, _____ of the following address _____, acknowledge and declare that I will continue conventional medical care from a medical doctor and that psychotherapy and medical treatments are different but not mutually exclusive. I agree that there has been no suggestion made by Halle Sailer or by anyone under her direction that I refrain from seeking or following medical treatment.

An initial assessment, couple/family therapy, or a one-on-one therapy session is $165 (plus HST). Please note that every session is 45 minutes. If exceeding 45 minutes, there will be an extra fee of $45 (plus HST) applied for every additional 15 minutes. You will be asked if you want to continue with the therapy session and whether you want to be charged for any additional time to be taken. This applies only when the added time will not infringe with another patient's booking. It is your responsibility to check whether these services are covered through additional health insurance.

If you are on any medication, please keep the medication and do not discontinue the medication without talking to the doctor who prescribed the medication. Psychotherapy may improve the condition; however, going off the medication can interfere with the treatment and could have a negative outcome. Please talk to Halle Sailer in case you want to get off the medication.

In the case where suicidal thoughts become active intent, we require you call 911 and/or visit the emergency room immediately. If possible, it is suggested that a support person takes and stays with you during this time.

All information given by you is confidential unless you or someone else's life is in danger. After your assessment, your doctor will receive a consultation report. This report may be shared with your circle of care. Please inform us in case you have any concerns in this regard.

In case you are unable to keep your appointment and out of courtesy to our other patients, please notify us of any cancellation at least three business days before your booked appointment. As such other patients have the opportunity to book this time slot. Therefore, in case of late cancellations or missed appointments, the full session fee will be charged. In addition, failure to cancel in time will affect access to future sessions.

We use emails to remind your appointment. Please write clearly your email if you want reminders.
Your email: _____

I am aware and clear about the fees and will pay the fee after every session.
I agree to call 911 and/or visit the emergency room if I have a plan or become suicidal.
I read and understood all points above.

Date: _____ Signature: _____