



SHANE LYNCH PSYCHOLOGY

Shane Lynch, MA, CCC, R.Psych

Registered Psychologist #5680

Bayer Building, Suite 326, 160 Quarry Park Blvd SE, Calgary, T2C 3G3

connect@shanelynchpsychology.com

New Client Information

Name: _____ Date of birth: _____

Marital status: _____ Occupation: _____

Address: _____

Postal code: _____

E-mail: _____

Phone: Home: _____ Leave message?

Cell: _____ Leave message?

Referral Source:

Physician.....

Google.....

Psychology Today....

Lumino Health.....

Friend.....

Other: _____

Yes, I would like to receive Shane's free monthly mental health electronic-newsletter for helpful tips and reminders about good mental health.

Emergency contact: Name: _____ Relationship: _____

Address: _____ Phone: _____

Physician: Name: _____ Phone: _____

Many physicians prefer to be informed about their patient's involvement and progress in therapy. Would you like me to discuss your participation in therapy with your physician?

Yes No If yes, please provide a fax number.

Please list any medications you are taking.

Please be as specific as you can as you answer the following questions.

1. What are your main concerns?
2. What do I need to know about you to better understand your situation?
3. What are your expectations for therapy? Hopes? Goals?
4. Approximately how many sessions do you expect this to take?
5. Do you have any questions or concerns about therapy?
6. How will you know you have successfully finished therapy?