



Norman Giesbrecht, Ph.D., R. Psych

insightpsychological.com  
Phone: (403) 477-7503  
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### Confidential Child Information Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Parent(s) / guardian(s) : \_\_\_\_\_

Parent email(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Custody / access arrangement: (if applicable) \_\_\_\_\_

Family doctor: \_\_\_\_\_ Medications: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Was the child in therapy before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Problem? \_\_\_\_\_

Whom did your child see? \_\_\_\_\_ Did it help? yes some no

Please briefly describe your reasons for seeking our psychological services

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parent Consent Form

Our sessions are typically 1.5-2 hours, since we have found this longer time to be more effective in addressing the needs of individuals with quirky characteristics.

All information that you share or that is collected during our professional relationship is private and confidential. No information will be shared without your written consent, except for professional consultation, legal requirement, or your best interest. However, I may be required to disclose information without permission, such as: suspected child abuse or neglect; inability to care for one's basic needs; danger of harm to yourself or others; or Court order / subpoena..

You have the right to be informed about the potential benefits and risks, process, and outcome of the clinical assessment, therapy, and / or skill development activity in which you participate. Please feel free to ask questions at any time during our professional relationship

Psychologists can not prescribe medication, and some conditions are best addressed by a psychiatrist or physician. If you are currently, or have previously, received psychiatric services then you should consider our services to be only one aspect of a comprehensive treatment plan rather than as a sole support or as a replacement for psychiatric and/or medical services.

On rare occasions, a problem or disagreement can arise in a therapeutic relationship. In the event of a problem, you agree to discuss your concerns directly with Dr. Giesbrecht, and forward a proposal for resolution. If the parties do not reach agreement, you agree to use mediation. All parties agree to maintain confidentiality, and neither will communicate or post negative information about the other.

For families involved in a separation, divorce, custody dispute, or other legal or Social Services matter, you are advised that our work is on a "without prejudice" basis. Our approach is focused on collaboration and alternate dispute resolution rather than litigation. You agree that you will not request, directly or through counsel, that we testify on your behalf in any matter.

I have read and understood and agree to these terms.

I hereby grant permission for my child \_\_\_\_\_ born \_\_\_\_\_  
Child's Name

to participate in a clinical assessment and/or therapy with Norman Giesbrecht, Ph.D., R.Psych.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Date

\_\_\_\_\_  
Printed Name and Date



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## Payment Agreement

1. We follow the Psychological Association of Alberta's recommended fee schedule.

The 2023 rate for assessment, coaching, or therapy is \$220 per hour plus GST.

An additional transportation cost of \$100 hr is added for home visits that require travel >10 km..

The cost for legal-related matters is \$330 per hour plus GST. This includes any assessment report, letters, consultation, or other work that is related to a civil, family or criminal court matter, and/or any problem with an employer, union, insurance provider, FSCD, CRA, etc.

2. Full payment by etransfer, cheque, money order or cash is expected at each visit.

We will provide you with a receipt that you can submit to your extended health plan (e.g., Blue Cross) or an Employee Assistance Plan (EAP) for reimbursement. However, you will need to check with your health plan provider for details about your coverage.

3. For assessments, we expect clients to make a down payment for the final report writing and development of the strategies appendix. Although we usually spend 15-20 hours on this activity, we charge for only 6 hours of this time – which is covered in the down payment.

Full payment of an account is required before we release the final report.

4. Cheques that do not clear, and credit card payments that are rejected, are subject to a \$45 administration fee. Overdue accounts will be charged 2% interest each month.

Further services are suspended when an account balance is overdue 30 days or more.

Accounts are delinquent after 60 days, and may be turned over to a collection agency or legal venue. A \$350 administration fee is added to accounts that are delinquent. Accounts that are addressed in a legal venue will be charged for all time involved in correspondence and time involved in the preparation, filing, and presentation of the matter in a legal venue.

I have read and understood and agree to these terms regarding payment and services.

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Signature

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Date

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Printed Name

Effective January 2023



## Background Information

Prior to our first session, it is helpful for us to obtain some background information. This benefits our clients by reducing the time and cost involved with gathering information, and helps this psychologist focus on problem solving strategies rather than data collection.

As the information you provide in response to these questions will be personal in nature, we strongly encourage clients to email their answers in a password protected Word document.

### 1. Sensory sensitivities

Some individuals have heightened sensitivity to sensory stimuli (i.e., sound, visual, smell, taste, tactile / touch, body movement). Most people typically focus on the sensory stimuli that are distressing and trigger a negative reaction. However, when there is a heightened sensitivity in a particular sensory channel (e.g., sound, touch), then there also tend to be positive stimuli that help someone calm down or becoming positively energized.

Knowing what specific sensory stimuli trigger a positive response (self calm or energize) can be useful in developing strategies to help a client manage stress or anxiety.

***What sensory stimuli (e.g., sound, sight, touch, taste, smell, body movement) have had a positive appeal for your child (it does not matter what age these were experienced)?***

### 2. Areas of interest

***What does your child enjoy doing or learning about?***

### 3. Real world examples of problems to be addressed

Many clients describe the problems they want solved in vague general terms, such as “*anxious in social situations*”. However, these generalizations do not provide enough information for effective problem-solving. It is more useful if clients provide a detailed description of actual events, similar to a movie script with dialogue and descriptions of actions.

***Please provide a detailed step-by-step description of real world incidents in which the problem(s) to be solved occurred.***



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### Authorization to Release Information

In conducting an assessment or providing therapeutic support, it is helpful for us to communicate with and obtain relevant information from medical doctors, psychologists, schools, or other professionals that have previously conducted an assessment or provided treatment for your child.

This information will be maintained in a confidential file, and will be viewed only by Norman Giesbrecht, Ph.D., R. Psych. You have the right to review the information in this file, and this information will not be released to any person or agency without your written permission.

This authorization to release information is in effect for 12 months from the date of signature.

I agree to these terms and grant my permission for the release of information about my child

\_\_\_\_\_, born \_\_\_\_\_, Alberta Health # \_\_\_\_\_

from the following individuals / organizations, and for Dr. Giesbrecht to discuss my child with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name