PHHCA with IHA (Since 2003)

Branches North America, South Asia, Worldwide Online Services

INTAKE FORM (Please fill it out Completely) (Two ways to fill: Online MS Word / PDF Fillable or take print and fill in BOLD letters)

Today's Date:		
Your Birth date (with Year), dd/mm/yyyy		
Your full official name:		
Country code with Cell Phone number		
Relationship Status: Single, Married, Common law, Separated, Divorced. (**Type YES for selected options**)	Single	
	Married	
	Living in / Common Law	
	Separated	
	Divorced	
	Other ?	
If Married, Date of Marriage, dd/mm/yyyy		
How did you know about me?	Referring Person	
	Online Site / Social Media	
Your full Address:	Area / Street	
	City / District	
	Province / State	
	Postal Code / Pin Code	
Email ID		
Country Code - Whatsapp Phone number		
Skype ID, if available		
Education		
Job / Occupation		
You Prefer an online session via (**Type YES for selected options**)	Online Live Video	
	Phone (Audio)	
	Whatsapp Text	
	Email offline (Low fees) open 365 days	
Do you need a receipt for insurance covering a Type **YES or NO**	Registered Psychotherapist	
	Registered Psychologist through my affiliation?	
	I am uninsured	
	I am in South Asia	

If in Canada: Your insurance details are: (Please note, Receipts are emailed to you, which is used to file your own insurance)	**Name of Insurer**	
	Annual Insurance Coverage	
	Balance Left	
Whom to contact in case of Emergency:	**Full Name**	
	Relationship	
	Phone Number	
	Email Address	

Reason/s for Seeking Therapy?

If you have received Counselling before: if YES Which therapy/s and for what issues?

Provide a brief assessment of issues of concern below.

Physical Health: (nutrition, handicapping conditions, developmental history, physical capability, medications and dosages

Substance Abuse: (history, treatment attempts, current status, interviewer's observations, other addictive behaviors

FEES (**No Separate TAX shall be Collected**. Below rates are Final Fees.)

INSURANCE	Time 30 min	Time 45 min	Time 15 min
Insured In CANADA - Psychotherapist	100 CAD	150 CAD	Live Chat / Text Therapy 20 CAD
No Insurance Canada	70 CAD	120 CAD	Live Chat / Text Therapy 15 CAD
Worldwide	70 USD	110 USD	Live Chat / Text Therapy 15 USD
South Asia	25 USD	40 USD/3500 INR	Live Chat / Text Therapy 10 USD
Email Therapy- Offline Insured	40 CAD/ USD	65 CAD/ USD	Blessings !

If paid by Credit Card, $5 Processing fees need to b added to original amount.

One **FREE** initial **EMAIL CONSULTATIONS**, as per the details submitted in the **intake form.**

Please Note: All Phone calls are paid therapy sessions.

You have approached me for : (Type Yes for those which applies)			
Psychotherapy		**Ayurvedic Counseling**	
Hypnotherapy		**Reiki / Pranic healing**	
Past Life Regression		**Diet and Nutrition**	
Alternative / Holistic		**Channeling / Divine Guidance Via Email**	
Energy Healing		**Low cost Therapy via Text / Email**	
Ancient Remedies		**Integrating all above as per the need**	

Preferred Days of the Week and Timing, Choose as many options by writing YES					
Mon		**10 am**		**6 pm**	
Tue		**11 am**		**7 pm**	
Wed		**12 pm**		**Any Special Request? Please write below**	
Thur		**1 pm**			
Fri		**2 pm**			
Sat		**5 pm**			

YOUR CONCERNS

Please indicate items you would like to address in therapy, WRITE Yes or No as (Y/N)

Career/work &Addiction	*Y/N*	*Health Concerns*	*Y/N*	*Personal Concerns*	*Y/N*
Career Choice guidance		*Digestive issues*		*Suicidal Thoughts*	
Financial Concerns		*Eating Unhealthy*		*Anxious*	
Difficulties at work		*Tired all the time*		*Unhappy*	
Problem making decisions		*Bulimia*		*No Self Confidence*	
Personality Conflicts		*Anorexia*		*Feeling Anger*	
Overwork/Stress		*Binging*		*Dealing with loss*	
Personality Conflicts		*Purging*		*Trouble concentrating*	

Colleague issues		*Difficulty sleeping*		*Feeling Panicky*	
Work timings		*Nightmares*		*No feeling at all*	
Wanting a Job Change		*Dizziness*		*Feeling easily Hurt*	
Drinking Addiction		*Body Pain*		*Depressed*	
Smoking Nicotine Addiction		*Illness*		*Concerns about meds*	
Drug Addiction		*Decreased Appetite*		*Overweight*	
Technology Addiction		*Smokes weed*		*Underweight*	
If you are a biological Female		**Menstrual issues if any**			
		Menopause			
		Pre or Post Menopause			

Social Relationships	***Y/N***	***Family relation/children***	***Y/N***	***Personal Goals***	***Y/N***
Shy with people		*Health Issues*		*Develop assertiveness*	
Difficulty making friends		*Academic Issues*		*Develop coping skills*	
Problems maintaining Relationship		*Behavior issues at home or school*		*Increase awareness of emotional response*	
Living alone		*Victim of Abuse*		*Accept Personal Limitations*	
Difficulty relating to people		*Addictions*		*Achieve realistic Self Expectation*	
Fighting in personal Relationship		*Conflict over child raising*		*Awakening Consciousness*	
No Social Life		*Care giver stress*		*Spiritual Life*	
Excessive Social Life		*Traumatic Environment*		*Changes / Shift in self*	
Family Relations/Spouse		***Other:***			
Sexual Concerns		***Anything you would like to add more?***			
Communication issues					
Marital Concerns					
Physical Abuse					
Verbal Fights					
Sexual Concerns / Performance					
Betrayal					
Adultery / Extramarital					

IMPORTANT INSTRUCTIONS:

1. **If needed do email your latest health reports / Blood test or other reports, if you have health concerns**
2. **I am aware, all fees need to be paid on the day of the appointment, atleast two hours before a session starts, otherwise unpaid appointments will be cancelled and rescheduled. (this is a preventative measure to safeguard from non payments- apologies)**
3. **Mode of paying fees : etransfer to emails given below, if you are in Canada**

   Credit card Payment: Click link to pay, adding $5 CAD extra charge to one session original payment given in the Fee table given, the extra is due to fees for card processing. Link to pay is: https://checkout.square.site/pay/841b3e99e69f4055852b87a6076b7afd
4. **Consent Form to read, Click Link: https://www.internationalhealersassociation.com/consent-form**
5. **Know IHA Team, Click Link: https://www.internationalhealersassociation.com/team**
6. **Our Website: https://www.internationalhealersassociation.com/**

Thank You for filling it completely!

Please email it back to internationalhealerassociation@gmail.com or

therapyhealingclinic@gmail.com