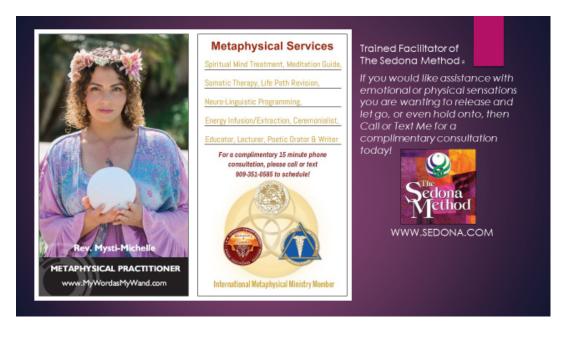
Rev. Dr. (Mytsi) Michelle Pruett, Ph.D. (AMDA) Member

<u>Psychology Today Profile</u>

<u>www.MyWordAsMyWand.com</u>

<u>MyWordAsMyWand@gmail.com</u>

909-351-0585



<u>New Client Intake Questionnaire:</u> Please fill in the information below and email it back (clear photo is acceptable) to <u>MyWordAsMyWand@gmail.com</u>

Please note: Your information provided on this form is <u>protected as confidential information;</u>

however, email/text correspondence is not considered to be a legally secure medium of communication.

Today's Date:					
Your First & Last Name:		Preferred Name:			
Cell / Home Phone Nur	nber you would like to use for the	e telephone consultation: (_)		
May we leave a messa	ge? □ Yes □ No May we Text you	? 🗆 Yes 🗆 No May we Email yo	ou? □ Yes □ No		
Email address:		Cell/Work/Other Phone	(optional): ()		
Do you prefer the initia	I consultation to be over the phon	e or via video chat? (check one)	phonevideo chat		
Emergency Contact Info):		()		
	Name of Emergency Contact		Phone # of Emergency Contact		
DOB:	Age: Are vou av	vare that insurance payment is r	not accepted at this time? Yes No		
	ure payments are serviced only t				
When you become a cl	ient, are you able to cover the vir	tual session rate of \$95.00/hour	·? □ Yes □ No		
When you become a cl	ient, are you able to cover the in-	person session rate of \$150.00/	90mins ? □ Yes □ No		
Your Pronouns: □ He/h	nim/his 🗆 She/her/hers 🗆 Th	nem/they/theirs LGBTQ	+: □ Yes □ No □ Prefer not to state		
Marital Status: □ Neve	Married Domestic Partners	nip	d □ Divorced □ Widowed		
Background/Ethnicity (Optional):				
•	previously received any type of m	·· ·			
	ange/years of treatment:				
Are you currently takin	g any prescription medication? ———————————————————————————————————	Yes □ No If yes, please list:			
Have you ever been pro	escribed psychiatric medication?	□ Yes □ No If yes, please list an	d provide dates:		

Have you ever been hospitalized for a psychiatric condition? □ Yes □ No

If yes, please list and provide dates & specify diagnosis						
medical or psychiatric diagnosis can be issued or treated. All session						
Do you acknowledge the above legal disclaimer statem	nent? □ Yes □ No					
Signature:						
Other Comments or information you want Dr. Pruett (Mysti)	i) to know before the 10-20 minute consultation (Optional):					
text it to (909) 351-0585.	email to Dr. (Mysti) Michelle Pruett, Ph.D. nay also photograph the completed form and					
Date of consultation:	·					
Notes:						