Rev. Dr. (Mytsi) Michelle Pruett, Ph.D.
(AMDA) Member
Psychology Today Profile
www.MyWordAsMyWand.com
MyWordAsMyWand@gmail.com
909-351-0585

New Client Intake Questionnaire: ***Please fill in the information below and email it back (clear photo is acceptable) to*** ***MyWordAsMyWand@gmail.com*** ***Please note: Your information provided on this form is protected as confidential information; 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 Number you would like to use for the telephone consultation**: (_____) _____

May we leave a message? □ Yes □ No **May we Text you?** □ Yes □ No **May we Email you?** □ Yes □ No

Email address: _____**Cell/Work/Other Phone (optional):** (_____)_____

Do you prefer the initial consultation to be over the phone or via video chat? (check one) _____phone _____video chat

Emergency Contact Info: _____(_____)_____
Name of Emergency Contact **Relationship to Contact** **Phone # of Emergency Contact**

Your Home Address: _____

DOB: _____ Age: _____ **Are you aware that insurance payment is not accepted at this time?** □ Yes □ No
Are you aware that secure payments are serviced only through Zelle at this time? □ Yes □ No
When you become a client, are you able to cover the virtual session rate of $95.00/hour? □ Yes □ No
When you become a client, are you able to cover the in-person session rate of $150.00/90mins? □ Yes □ No
Your Pronouns: □ He/him/his □ She/her/hers □Them/they/theirs **LGBTQ+:** □ Yes □ No □ Prefer not to state
Marital Status: □ Never Married □ Domestic Partnership □ Married □ Separated □ Divorced □ Widowed

Background/Ethnicity (Optional): _____
Referred By (if any): _____
Brief History: Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? □ No
□ Yes, previous dates/range/years of treatment: _____
Are you currently taking any prescription medication? □ Yes □ No If yes, please list:
_____
_____

Have you ever been prescribed psychiatric medication? □ Yes □ No If yes, please list and provide dates:
_____
_____

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

If yes, please list and provide dates & specify diagnosis_____

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Legal Disclaimer**: Rev. Dr. (Mysti) Michelle Pruett is a Pastoral Counselor, not a Licensed Professional Clinical Counselor (LPCC) thereby no medical or psychiatric diagnosis can be issued or treated. All sessions are under the auspices of the International Metaphysical Ministry University Seminary that has awarded the ability to professional engage in the treatment of physical and mental ailments and conditions under the use of Spiritual Mind Treatment in the capacity of Metaphysical Practitioner and Ordained Minister. Your information is confidential and protected **however, email/text correspondence is not considered to be a legally secure medium of communication.

Do you acknowledge the above legal disclaimer statement? □ Yes □ No

Signature: _____ Date _____/_____/_____

Other Comments or information you want Dr. Pruett (Mysti) to know before the 10-20 minute consultation (Optional):

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Please complete this form and return via email to Dr. (Mysti) Michelle Pruett, Ph.D. MyWordAsMyWand@gmail.com or you may also photograph the completed form and text it to (909) 351-0585.

----------Below is for office use only----------

Date of consultation: _____

Notes: _____

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