



## Adult Intake and Consent Form

For adults 18 years and older

*Please Note:*

*Our online forms use SSL encryption to maintain secure transmission of medical information.  
Forms must be submitted online.*

This document will be added to your chart in our electronic medical record system. Our electronic medical system is mandated by the Ontario government, professional regulatory, and privacy laws. There are strict rules about data management in electronic medical systems in Ontario, and once information is added to the chart it can not be deleted.

\*

Yes. I understand and agree to the above statement.

**For patients 18 to 21 years it is strongly encouraged  
that parent(s) attend the initial appointment with MD.**

Welcome to Possibilities. We are a Clinical Team of experts in Learning Disabilities and Giftedness and ADD/ADHD.

We want to get to know you and your family! That way we can start figuring out the assessment and treatment services you need.

Let's get started!

\*

Yes. I have 30 minutes to complete the Intake and Consent forms right now.

Experts at Possibilities acknowledge the complexity of neurodevelopmental disorders. That means:

Most of our assessments involve a Clinical Team of both physicians and allied health professionals like Psychologists, Social Workers, and Occupational Therapists

There is a cost to our Clinical Team Assessments since allied health professionals are not covered by the Ontario Health Insurance Plan (OHIP). Assessment costs vary from \$2195 to \$5265 depending on the service.

Private therapies are available at Possibilities with a team of Psychologists, Social Workers, Occupational Therapists, and Executive Functioning Therapists. Rates range from approximately \$180 to \$290 per session. Many of these fees are covered by private insurance plans; please check with your insurer for potential coverage.

Only the medical portion of our Clinical Team assessments involving the physician is covered by OHIP when a valid health card is presented.

For all assessments we require a referral from your Family Doctor.

Our services are delivered over Video. However, clients must be physically present in Ontario for the Video session.


\*

Yes. I am eager to get started and understand the costs involved in assessments and therapies.

**Name of Person completing this form \***

Rebekah Gelpi

**Signature (please use mouse or trackpad to sign below) \***

A handwritten signature in black ink, appearing to read 'Rebekah Gelpi', is written over a light gray rectangular background.

**Intake Form**

## Patient Information

**How did you hear about the Possibilities Clinic? \***

Google / Other Search Engine

**Are there any legal issues? \***

No

**Are you currently receiving treatment? \***

No

**Have you been referred elsewhere, in addition to this clinic? \***

Yes

**If Yes, indicate the type of treatment, where and with whom:**

Psychiatry assessment at Sunnybrook

**Patient's Full Legal Name \***

Rebekah Gelpi

**Date of Birth \***

1992/11/04

**Age \***

29

For patients 18 to 21 years it is strongly encouraged  
that parent(s) attend the initial appointment.

**Sex at birth \***

Female

**Gender Identity \***

Female

**Preferred Pronouns \***

She/Her

**OHIP Number \***

5398151869

**Version Code \***

DH

**Address \***

99 Broadway Avenue  
Toronto  
ON

M4P0E3  
Canada

**Preferred Phone Number that can be used to leave voice messages from the clinic \***  
343 2626243

**Preferred Email that can be used to send messages from the clinic \***  
rebekah.gelpi@gmail.com

**Preferred Pharmacy Name**  
RAZI Pharmacy

**Preferred Pharmacy Address**  
10-212 Eglinton Ave East  
Toronto  
ON  
M4P0A3

**Preferred Pharmacy Phone Number**  
647 3477294

**Preferred Pharmacy Fax Number**  
416 5196994

The Possibilities Clinic requires one Point of Contact Person who will be responsible for arranging all appointments, getting email communications including reminder notifications and who will notifying the other custodial parent. Be sure to ensure our office has up-to-date contact information should there be any changes.

**I understand that my email address will be used for communication regarding appointment scheduling and confirmation. In the case of sharing medical documentation and/or assessment reports, those will be shared through a secure portal.**

**In addition to the use of email communication as outlined above, I would also like to sign up for the Possibilities Clinic Newsletter to keep up-to-date on services, news, helpful tips and upcoming events \***  
No

**Who do you live with? \***  
Spouse

**Has any other family member attended or is currently attending The Possibilities Clinic? \***  
No

**Who will be attending the appointment with the patient?**

**Full Name**

**Relationship to Patient**

**Full Name**

**Relationship to Patient**

## Reasons for Referral

**Have you been previously diagnosed with any of the following? Check all that apply. \***

I have not been previously diagnosed

**What services are you considering? Check all that apply. \***

Receiving a Comprehensive Assessment for ADHD

Just a note: This service requires a referral from your Family Doctor. Our referral can be found on our [Physician Page](#).

If you do not have a Family Doctor, [Health Care Connect](#) can assist you.

**What are your areas of concern? Check all that apply. \***

ADD/ADHD

**What is the main purpose of this assessment? \***

I am looking to receive an assessment for ADHD.

**What concerns do you have that you would like us to help with? (minimum 50 words)?**

\*

I have had ongoing issues with the ability to complete my work in a timely fashion that have made it difficult to present my best work as I have been working on my PhD program.

For example, it will often take me several hours just to gather the focus to complete a task, even if the task is relatively straightforward. This means that I spend a large amount of time on evenings and weekends trying to stay up-to-date with work, interfering with my ability to have effective work-life balance as well as leading to a feeling of burnout.

Expending huge amounts of effort to achieve only small to moderate amounts of work for long periods of time is also distressing, especially when it feels that I am capable of so much more only to feel incapable of having the focus and concentration needed to achieve it.

**Have there been any psychotherapy treatments? If so describe. \***

I was assessed by a psychiatrist in December of 2021 and diagnosed with moderate Generalized Anxiety Disorder (GAD).

I felt that this assessment does not accurately describe my mental condition, as I do not consider myself to experience chronic anxiety over general, everyday effects.

**If there are any CURRENT medication treatments, list medications, doses, and responses. \***

No current psychiatric/psychotherapeutic medications

**If there were any PAST medication treatments, list medications, doses, and responses. \***

Pregabalin 75mg PO q12h

January – March 2022. Medication prescribed for anxiety; had no therapeutic effects, negative symptoms (hypersomnia, fatigue) led me to discontinue

## Education

**Name of Present School (if applicable)**

University of Toronto

**Grade/Year**

PhD student (year 3)

**Past Education \***

M.A. – University of Toronto, Psychology (2020)

B.A. – Swarthmore College, Cognitive Science (2017)

**What academic strengths are/were present? \***

I feel that I have performed very well (presently and historically) in academic contexts that require creativity and spontaneity. For example, I feel very comfortable leading seminars and discussion groups, giving a presentation, or developing research ideas that tackle unanswered questions and proposing new solutions to these problems.

I have good peer and faculty relationships, which has made it easy for me to collaborate with multiple people and obtain the strengths

**What academic difficulties are/were there? \***

I have always had difficulties with remembering to do homework and returning assignments on time, although in primary and secondary school I could usually count on knowing material well enough that last-minute work would still receive good marks.

I started to have more severe difficulties in my undergraduate university education. I was not able to maintain a full course load throughout my undergraduate education, and as a result took five and a half years to obtain enough credits to graduate, instead of the four years that was typical of most of my classmates, and I had to withdraw from numerous courses due to the inability to handle the assignments or course load.

During my graduate school career, I have been able to address some of these issues due to the fact that elements of my course load are self-directed and I have been able to take longer to complete courses if necessary. Nevertheless, I have had to request long extensions to completing my coursework due to difficulties with concentration and completing my work, including extending a final paper for a course for 5 months.

**What grades are/were being achieved? \***

In primary and secondary school, I was typically able to obtain highest marks (A/GPA of

4.0).

My marks were lower in university than in secondary school (average of B+ /GPA of ~3.4).

**Present school interventions (if applicable):**

**Symptom Checklist \***

	Never	Rarely	Sometimes	Often	Very Often
<b>How Often Do You Have Trouble Wrapping Up The Final Details Of A Project, Once The Challenging Parts Have Been Done?</b>				✓	
<b>How Often Do You Have Difficulty Getting Things In Order When You Have To Do A Task That Requires Organization?</b>					✓
<b>How Often Do You Have Problems Remembering Appointments Or Obligations?</b>					✓
<b>When You Have A Task That Requires A Lot Of Thought, How Often Do You Avoid Or Delay Getting Started?</b>					✓
<b>How Often Do You Fidget Or Squirm With Your Hands Or Feet When You Have To Sit Down For A Long Time?</b>					✓
<b>How Often Do You Feel Overly Active And Compelled To Do Things, Like You Were</b>			✓		

<b>Driven By A Motor?</b>					
<b>How Often Do You Make Careless Mistakes When You Have To Work On A Boring Or Difficult Project?</b>					
<b>How Often Do You Have Difficulty Keeping Your Attention When You Are Doing Boring Or Repetitive Work?</b>					
<b>How Often Do You Have Difficulty Concentrating On What People Say To You, Even When They Are Speaking To You Directly?</b>					
<b>How Often Do You Misplace Or Have Difficulty Finding Things At Home Or At Work?</b>					
<b>How Often Are You Distracted By Activity Or Noise Around You?</b>					
<b>How Often Do You Leave Your Seat In Meetings Or Other Situations In Which You Are Expected To Remain Seated?</b>					
<b>How Often Do You Feel Restless Or Fidgety?</b>					



<b>How Often Do You Have Difficulty Unwinding And Relaxing When You Have Time To Yourself?</b>					
<b>How Often Do You Find Yourself Talking Too Much When You Are In Social Situations?</b>					
<b>When You're In A Conversation, How Often Do You Find Yourself Finishing The Sentences Of The People You Are Talking To, Before They Can Finish Them Themselves?</b>					
<b>How Often Do You Have Difficulty Waiting Your Turn In Situations When Turn Taking Is Required?</b>					
<b>How Often Do You Interrupt Others When They Are Busy?</b>					

**CLASSROOM/WORKPLACE PERFORMANCE**

	<b>Well Below Average</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Well Above Average</b>	<b>N/A</b>
<b>Following Directions/Instructions</b>						
<b>Organizational Skills</b>						
<b>Assignment Completion</b>						
<b>Peer Relationships</b>						

**ACADEMIC PERFORMANCE (for students only)**

**Describe the nature of your work and work setting \***

As a PhD student at the University of Toronto, I conduct research in psychology in a lab supervised by a faculty member.

As part of this program, I also work as a teaching assistant and course instructor for undergraduate classes in psychology at the University of Toronto.

**Describe performance in any part/full time employment \***

In the work that I have completed as a PhD student, I think my performance is well-regarded and that my research is regarded as well-done, creative, and insightful. I have struggled more with the presence of deadlines and often feel I have to make a tradeoff between quality and timeliness; because it is so hard for me to focus, I often either produce something of lower quality on time, or produce something of high quality on a delayed timeline.

**What difficulties have you had in your work? \***

As described above, I often delay elements of my research because I am unable to complete things in a timely fashion. This also interacts negatively with my teaching load and coursework: I have difficulty organizing and dividing my time to be able to appropriately prioritize and accomplish each one situationally/in parallel, and as a result I will often devote my focus serially to accomplishing the most important/time-sensitive task one after another, which can become very inefficient.

## Medical History

**List any Allergies (Medication, Food, etc.) \***

Morphine

**Have you had or do you have any of the following medical issues? Check all that apply. \***

Asthma

Insomnia

**If Yes to any of the above, briefly describe any PAST medical issues.**

Hx of asthma (used albuterol inhaler) as child/teenager. No current issues with asthma attacks.

**If Yes to any of the above, briefly describe any CURRENT medical issues.**

Hx of insomnia as a child/teenager. Not regular, but intermittent issues

**How long does it take for you to fall asleep? \***

typically 15-30 min

**Average number of hours of sleep a night: \***

7

**Do you use alcohol? \***

Yes

**If Yes, indicate amount per day or week:**

Socially (avg 3 drinks per month)

**Do you use Marijuana? \***

Yes

**If Yes, indicate amount per day or week:**

Socially (less than once a month)

**Do you use other Substance (e.g. Cocaine, Ecstasy, Heroin, Opiates)? \***

No

## Development

**How long was the pregnancy with you? \***

Full Term (born within 2 weeks of due date)

**Describe any complications your birth mother may have experienced during her pregnancy and/or delivery with you: \***

N/A

**Did your birth mother have high blood pressure, diabetes, infections and any other pregnancy complications? \***

No

**Did your birth mother take any medication during the pregnancy? \***

No

**Did your birth mother smoke cigarettes during the pregnancy? \***

No

**Did your birth mother use alcohol/drugs during the pregnancy? \***

No

**Birth Weight**

## Genetically Related Family History

**Is there a family history of early heart disease (before the age of 45)? \***

No

**Is there a family history of unexplained/sudden death? \***

No

**Does anyone in the family have ADHD/ADD? \***

No

**Does anyone in the family have a Learning Disability? \***

No

**Does anyone in the family have Tourette Syndrome/Tics? \***

No

**Does anyone in the family have Autism Spectrum Disorder/Asperger's? \***

No

**Does anyone in the family have Alcoholism/Substance Use? \***

No

**Does anyone in the family have Depression? \***

No

**Does anyone in the family have Anxiety Disorder? \***

No

**Does anyone in the family have Obsessive Compulsive Disorder (OCD)? \***

No

**Does anyone in the family have other Psychiatric Issues? \***

Yes

**If Yes, who in relationship to you:**

Sister: bipolar disorder

## Family Structure

List Patient's parents. Indicate all that apply.

**1. Parent Name \***

Juan Gelpi

**Age \***

60

**Profession \***

Colorectal surgeon (retired)

**Relationship to Patient \***

Biological Father

**2. Parent Name**

Barbara Gelpi

**Age**

60

**Profession**

Nephrologist (retired)

**Relationship to Patient**

Biological Mother

**3. Parent Name****Age****Profession****Relationship to Patient****4. Parent Name****Age****Profession****Relationship to Patient****List Siblings. Indicate Name, Age, and Relationship:**

Amalia, 25, sister

**List Spouse/Partner. Indicate Name and Age:****List Children. Indicate Name, Age and Relationship:**

## Assessment/Treatment Consent Form

Welcome to the Possibilities Clinic. Whether in person or on secure video, we aim to provide you with professional service in a comfortable, safe, and friendly environment. The Possibilities Clinic is multidisciplinary, meaning we work in teams with professionals across various areas of expertise. A multidisciplinary approach allows us to provide highly specialized, comprehensive, and integrated assessments and treatments. This consent form applies to all the services you may access at our clinic including, but not limited to, Psychology, Psychotherapy, Psychiatry, Family Medicine, Paediatrics, Occupational Therapy, Speech-Language Pathology, Social Work, Psychometry and Education.

### Collection and Sharing of Personal Information

Personal information will be collected during assessment and treatment. This information could include identifying information (e.g., name, contact information), test results, reports, progress notes,

payment information, and any information collected with your permission from other health care providers. Our records are kept secure in a confidential electronic file and in accordance with legislative health privacy guidelines. Records are kept for a minimum period of 10 years or 10 years past your child's 18th birthday if your child is a minor at the start of assessment or treatment. You have the right to obtain copies of your file or your child's file (if under 18 years of age at time of request). All file requests are subject to an administrative fee.

Your consent allows us to share information with all experts involved in assessment and treatment within our Multidisciplinary Care Team. Your information will also be shared with our Administrative Team for booking, billing, and other administrative purposes.

Your consent also allows us to share information with your referring physician in the community. However, if you would like us to send information, including Assessment Reports, to anyone else outside of the clinic, your written consent on a separate form, authorizing release of information, will be required.

### Assessment Specifics

Through the use of standardized tests, measures, and interviews, we will attempt to answer the questions that have brought you to Possibilities for assessment. Once we review the information and results acquired during the assessment, a report will be written detailing findings and our interpretations and recommendations. You will have the opportunity to meet to discuss the results, interpretations, and recommendations with members of our Assessment Team. You will also receive a copy of the report.

### Treatment Specifics

The treatment process generally involves an initial intake session with the patient or, in the case of children and adolescents, with parents or legal guardians. At the end of the initial intake session, type of treatment, treatment goals, and frequency and duration of sessions can be determined. For treatment with children and adolescents, some treatments involve working with parents directly, some involve working with children and teens directly, and some involve a combination, working with all members of the family together or in separate sessions.

### Possible Risks, Discomforts, and Benefits of Assessments and Treatments

Your consent indicates that you understand the purpose of the assessment or treatment that you are seeking for yourself and/or your child or adolescent. Assessments and treatments are designed to benefit your daily functioning and support positive outcomes. In the course of an assessment or treatment, interview questions may touch on personal and private matters that could revive painful memories. Your consent implies that you recognize that clinicians and interventionists who carry out assessments and/or treatments with you, your child, or your adolescent have no intention of causing any personal discomfort, but are performing professional tasks that are typical and reasonable for the assessment and/or treatment being pursued. For some individuals, participation in an assessment or treatment may cause temporary fatigue, physical discomfort, frustration, and/or stress. Our staff will do everything reasonable to minimize any such discomfort.

If medications are recommended and prescribed as part of a treatment plan, verbal consent will be obtained after the risks and benefits of the medication treatment plan have been discussed, and prior to initiation of treatment.

### Limits of Confidentiality

Your referring physician will receive assessment reports and treatment information as part of your circle of care. Beyond your referring physician, information contained within your clinical record

cannot be released outside of the Possibilities Clinic without your written permission, except as required by law. Exceptions where information must be released include:

Situations where you are a danger to yourself or others

If there are grounds for apparent, suspected, or potential child abuse

If there are grounds for apparent, suspected, or potential elder abuse if living in a long-term care or retirement facility

If you report sexual abuse by a healthcare professional

If information is subpoenaed by a court

If your file is subject to a review process by licensed peers or a professional licensing body in accordance with Regulatory Professional Colleges

### Teaching Facility Specifics

The Possibilities Clinic serves as a teaching facility for individuals in training in all professional specialties represented at our Clinic. As such, some assessment, diagnostic and treatment procedures you or your family receive may involve a medical resident, a practicum student, a graduate intern, a post-graduate clinician working towards professional licensure, or a trainee in psychometry and associated interventions. In all cases, individuals in training are working under the direction and supervision of licensed physicians and/or allied health professionals at the clinic. Prior to any session, you will be informed of an individual's training status and the name of their direct clinical supervisor. In cases where an individual in training is observing a clinical session or performing clinical functions, you retain the right to decline the involvement of the trainee.

### Multidisciplinary Team Process

At Possibilities, we offer a unique team approach to diagnosis and treatment. For clients, multiple clinicians from different disciplines form Core Diagnostic and Treatment Teams. Gathering data, reviewing information, measuring skills, making diagnostic decisions, and formulating treatment recommendations are done by each client's Core Team members. In addition, the Core Team consults additional clinicians at Possibilities—also from multiple disciplines—for additional data review and recommendations during Clinic Rounds before diagnostic and treatment recommendations are finalized and prioritized to support success. Clinicians on the client's Core Team, as well as additional clinicians consulted during Clinic Rounds, all adhere to standards of confidentiality regarding client information, diagnoses, and treatments.

### Our Adherence to Guidelines and Protocols

Assessments at Possibilities follow specific testing protocols, whether they are conducted in person or through secure video sessions. Guidelines for video testing were created based on recommendations from professional consultations, and education provided by licensed clinicians, researchers, and test developers experienced in the provision of video testing and knowledgeable about research supporting the effectiveness of this approach. Research guidelines from published studies on remote testing were also consulted. Measures taken in our video assessments following suggested protocols include, but are not limited to, 1) explaining to parents/guardians their role as facilitators in ways that support technological solutions while preserving the validity of child responses, 2) using shared screens to present testing stimuli, 3) when indicated, sending paper response booklets in sealed envelopes that remain unopened until the examiner indicates they are

needed, and 4) having clients seal envelopes on camera after a paper protocol is completed. Our adherence to guidelines and protocols for video testing supports the validity and reliability of the data we collect across assessment sessions. Additional testing guidelines were followed based on Possibilities Clinic Multidisciplinary Team Assessment protocols, specifications outlined in standardized test manuals, and in accordance with professional training in test administration.

**Assessments at the Possibilities Clinic are offered through secure video sessions. Accurate testing results will require that you provide the following. Please check off each item as acknowledgement. \***

CHECKED: Reliable, high speed internet

CHECKED: Laptop or desktop computer with wired keyboard. (We will be administering some computer tests that can NOT be taken using a cell phone and/or tablet)

CHECKED: An additional device with a camera (e.g. cell phone, tablet or an extra laptop)

CHECKED: Headphones with mic (recommended)

CHECKED: A quiet, private space to work

CHECKED: Desk space for a computer and a place to write

CHECKED: A non-swivel chair (if the assessment is for a child)

CHECKED: Parents/guardians present in home for all child and teen appointments

### Declaration and Consent

I have read this consent form, understand its contents, and agree to its terms for assessment and/or treatment. Furthermore:

I understand that consent is an ongoing process and that I can ask to revisit this continued consent at any point in time in the assessment or treatment sessions.

I understand that I have the right to stop the assessment and/or treatment process at any time.

I understand that if I am unable to relay, or do not provide relevant background and health information, this omission may affect the completeness and accuracy of assessment conclusions and any diagnoses made, as well as the effectiveness and safety of treatment.

I have read the Assessment Checklist and understand what I need to provide to ensure accurate testing results.

### Date

2022/08/17

### Patient Name \*

Rebekah Gelpi

### Patient Signature \*



A handwritten signature in black ink, appearing to read "Paul [unclear]", is written within a rectangular box.

## Telemedicine Consent

Getting the Most out of your Secure Video Appointment at Possibilities

### Welcome!

Thanks for choosing our clinic. We look forward to working with you in creating possibilities! Please read this document carefully. It will help you make the most of your appointment and help us provide you with a successful outcome. Once you've read through this document, please sign and submit.

### Is a video visit just like an in-office one?

Yes! Like our in-person assessment, the video option provides live access to members of our Multidisciplinary Team who specialize in different fields like psychology, medicine, speech-language pathology and social work. Most of our diagnostic tests and treatments can be done over video. Our experience has been that video appointments are convenient and replicate the in-person experience. At times, however, the clinician may determine that an in-person visit is needed and will discuss this possibility with you.

### Is my video appointment secure?

We use secure and encrypted platforms that are licensed for medical settings.

### How do I access my video appointment?

If you've tested your connection and downloaded the applications for your phone, tablet, or computer, all you will need to do is click on the appointment link that was sent to you. We recommend that you log on through the link 5 minutes before your scheduled appointment. You'll be automatically connected and placed in a virtual waiting room. Your clinician will admit you into the consulting room at your designated appointment time.

### What do I need to do to prepare for my secure video appointment?

We recommend you test your smartphone, tablet or computer well before your appointment time. There is nothing more frustrating than having to use the first part of your valuable appointment time dealing with technical issues! Our appointments are scheduled in exact time slots, and your appointment time cannot be extended.

### What locations do you suggest for the video appointment?

Confidentiality is our utmost concern, and your session needs to be in a private and quiet space to protect you and your family's privacy. Please ensure that your session takes place in a comfortable setting, with no interruptions or distractions. Video sessions must remain secure—so they cannot proceed if you are in a public space where conversations can be overheard.

### Can I see you from anywhere in Ontario?

Yes! Our clinicians are licensed to practice across Ontario and you can be anywhere from Windsor to North Bay. If you are not a permanent resident of Ontario—you can still see us—but you must conduct your session within Ontario, and you may not be eligible for OHIP coverage.

### What if I'm a resident of Ontario but travelling or studying elsewhere in the world?

Our clinicians are only licensed to serve people within Ontario. Even if you are an Ontario resident, we cannot see you while you are traveling abroad or in other provinces. You must conduct your video session while being physically present in Ontario. We are unable to verify your physical location during our video sessions; by signing below you are consenting to this condition and agreeing to attending video sessions only while physically present in Ontario.

### Do you have any suggestions for making the most of my video appointment?

If you're joining as a couple or family, we recommend that you use a tablet or computer (PC or Mac) rather than a smartphone. A smartphone camera doesn't have a wide enough lens for a clinician to see more than one person at a time. We want to see everybody! And the microphone and speaker on a smartphone are often not strong enough to pick up voices far from the phone. We want to hear from everybody! And we want you to hear us, too!

If you are using a smartphone or tablet, please place it on a stable platform in front of you rather than holding it in your hand. Movement from the camera during the session can be distracting, and your session will feel less like an in-person visit.

### What if I miss my appointment, or I'm late for the session?

Video appointments are scheduled just like in-person appointments. Your clinician has set your appointment time aside for you. There are clients booked before you and after you—just like in-person appointments—so your appointment time on video cannot be extended if you are late. If you miss your appointment, or cancel with fewer than 72 hours notice (based on business days), you will be charged a cancellation fee.

### What if I've changed my phone number or email?

If you have changed your phone number or email address, you are responsible for letting us know. We must protect your privacy, so we can only send your appointment information to the contact number or email you've given us. If we hear about a change from you, we'll change your contact information in our file.

## Declaration and Consent

I have read this consent form, understand its contents, and agree to its terms for my video appointments.

### Date

2022/08/17

### Patient Name \*

Rebekah Gelpi

### Patient's Signature \*

A handwritten signature in black ink, appearing to read "Red Eng," followed by a long horizontal stroke.

Thank you for taking the time to complete the Intake and Consent forms.

Please print or save a copy of your forms prior to submitting in case there are any technical issues that interfere with your submission. If, for any reason, there are any technical issues and we do not receive your submitted forms you will then be able to either submit your save forms to us through our Attach Document portal on our website or via fax. This will save you from having to complete the Intake form again.

After clicking on the Review Button below, you will see a Print/Save button option that you can use. Once printed or saved, you must then Submit your forms.