



3023 North Main, Stafford, TX 77477 \* 281 -240-7102 \* [www.thetransformationstudio.com](http://www.thetransformationstudio.com)

## PSYCHOTHERAPY INTAKE & SIGNATURE

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

For Lyra clients only::

Sponsorship Company \_\_\_\_\_

If you are a Dependant please fill out the eligible primary's info:

Primary Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Presenting Issues: \_\_\_\_\_  
\_\_\_\_\_

Previous Psychiatric/Counseling History  
\_\_\_\_\_  
\_\_\_\_\_

Current Psychiatric Medications (dosage, frequency)  
\_\_\_\_\_  
\_\_\_\_\_

Medical History  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact  
\_\_\_\_\_

### Credit Card On File Authorization

The cancellation policy requires 24 hour prior notice for a cancellation or reschedule. If you no show or late cancel you will be held liable to pay for the full rate of the session: \$175. Lyra and CCA/Headspace do not pay for missed sessions. You are required to create a client account on Square and put your credit card on file and authorize The Transformation Studio to charge for missed aptmts.

I have read, understood, HIPAA, and agree to the psychotherapy agreement, cancellation/financial policy and consent to psychotherapy services:

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Name

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Signature

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Date