

Confidential Supervision Intake Form

Primary Contact Information

First Name _____ Middle Initial _____

Last Name _____

Primary Address _____

City _____ State _____

Zip _____ County _____

It is okay to contact me via:

Home Phone _____

Mobile Phone _____

Email _____

Supervisee Information

Age _____ Date of Birth _____

Gender: Male Female Other

Preferred Gender Pronoun(s): _____

Please list your degree and credentials: _____

Name of Professional setting (Agency, Practice, etc.) _____

Professional setting address: _____

Your title/position: _____

Brief description of position function: _____

Site supervisor's name, title & phone: _____

Emergency Contact Information

Full Name _____

Phone Number _____

Alternate Phone Number _____

Email _____

Relationship _____



www.sairalyn.com
studio@sairalyn.com

225 W 35th Street, 7th fl.
New York, NY 10001

(646) 801-4724

Referral Information

Who referred you to me or how did you hear of my practice?

- Friend Web Search Former or current client Psychology Today
- Other (please specify) _____
- Therapist or doctor referral (please specify) _____
- Teacher or school administrator referral (please specify) _____

Follow Up Information

To help me continue my development as a clinician, I send a brief survey to clients 4-6 weeks after they have ended treatment with me.

Completing this form is optional and anonymous. Please choose one of the following:

- Please email me the link to the form. I understand tht I can decide at that time whether or not I wish to complete it.
- Please opt me out of receiving this form. I do not wish to receive it.

I am also interested in whether you are able to maintain yor treatment goals when you complete therapy with me. I would like to send a brief form to check n with you a year after you finish treatment.

Please choose one:

- You are welcome to contact me one year after I complete therapy to check in on how I am doing. I understand that I can decide at that time whether or not I wish to respond.
- Please opt me out of the one-year follow up.

Consent & Authorization

I give permission for Sairalyn's Studio, to bill me or my 3rd party payer _____

and obtain any information needed applicable for my professional supervision. I understand that I am responsible for the standard rate for each supervision session, for any portion of that amount not covered by a 3rd party, or the

previously arranged amount of \$_____. I also understand I may speak with my supervisor about any concerns that arise. This signature shall serve as my consent for supervision, and that it is valid throughout the length of my participation with Sairalyn's Studio.

Signature

Date



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