Submit

CONNECT COUNSELLING & THERAPY SOCIETY INTAKE INFORMATION

FOR OFFICE USE ONLY

Counsellor: _____

Programs: ❒ **ASTAT** ❒ **C&Y** ❒ **SIB** ❒ **STV** ❒ **CC** ❒ **EEPS** ❒ **CVAP** ❒ **FFS**

Referral Date: _____ Date Opened: _____

Referral Source: _____ Follow-up: Yes __ No __ Kms Travelled _____

- Please complete this form as best as you can. If you don't understand some of the questions, please ask your counsellor for clarification.
- The information you provide is strictly confidential and will not be shared or released without your written consent except in cases of suspected child abuse and where there is an indication of imminent physical danger to you or others.

►Client's Basic Information (Adult or Child)

First Name: _____ Last Name: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: Male ❑ Female ❑ _____ ❑
Year Month Day

Ethnic Background: _____ (eg. Caucasian, First Nations, Asian, etc.)

Primary Language: _____ Is an Interpreter Required? Yes ❑ No ❑

► (For couples counselling, please add partner's name here)

First Name: _____ Last Name: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: Male ❑ Female ❑ _____ ❑
Year Month Day

Ethnic Background: _____ (eg. Caucasian, First Nations, Asian, etc.)

Primary Language: _____ Is an Interpreter Required? Yes ❑ No ❑

►Address & Contact Information

Address: _____

City/Town/Municipality: _____Postal Code: _____Email: _____

Phone Numbers: Home_____ Work_____ Cell_____

Is it safe to leave detailed message at home? Yes ❑ No ❑ At Work? Yes ❑ No ❑ On email? Yes ❑ No ❑

❑ How far did you *or* will you travel to get to our offices? ❑ Less than 5 km ❑ 5 - 70 km ❑ More than 70

► Family Members / Guardian Information (for child & youth counselling: include parents, guardians & all siblings of child)

Name	Gender	Relationship with Client	Age	Resides with Client	Involved in this Service
				Yes ❑	Yes ❑
				Yes ❑	Yes ❑
				Yes ❑	Yes ❑
				Yes ❑	Yes ❑

►Parenting Arrangements (in situations of separation/divorce):

❑ Sole Guardianship ❑ Joint Guardianship

Please describe pertinent parenting arrangements:

_____

►Emergency Contact Information

Name: _____ Address: _____

Relationship: _____ Phone: _____

Is there any emergency medical information we should know about? (allergies, medical conditions)

Comment: _____

►Current Services Accessed: Please list any other services you are currently accessing:

Location/ Organization	Name of Contact	Title	Phone

►Previous Services Accessed

Please list any other services or supports you have accessed in the past:

Type of Service	Length of Involvement	Did this service help?	If yes, how?

►Referral Information I was referred by:

❑ Adult Mental Health /Alcohol & Drug Program
❑ Child & Youth Mental Health
❑ MCFD/Social Worker (Children or Adult)
❑ Police
❑ Family Doctor
❑ Website
❑ Hospital
❑ Friend
❑ Family Member
❑ Probation/Parole
❑ Community Agency
❑ Other

_____

►Reason for Referral

In your own words, please describe the reason you have accessed our services:

_____

_____

_____

►What issues are affecting you or your family at this time (Indicate all that apply)

- ❑ Anger Issues
- ❑ Blended or Step Family Issues
- ❑ Child/ Teen Behaviour
- ❑ Depression/mood swings
- ❑ Parenting Issues
- ❑ Family Violence
- ❑ Physical Health Issues/pregnancy/disability
- ❑ Adjusting to Life Transitions
- ❑ Ministry of Children & Family Development Involvement
- ❑ Education/employment issues
- ❑ Other (describe): _____
- ❑ Relationship Issues
- ❑ Grief & Loss
- ❑ Self Esteem
- ❑ Trauma Issues
- ❑ Anxiety/ Worry/ Concerns
- ❑ Experience of Abuse
- ❑ Sexual Behaviour Issues
- ❑ Stress Related Issues
- ❑ Addiction Issues
- ❑ Lack of social support

Are there any urgent concerns we should be aware of? (e.g. legal, suicide, or medical issues)

Yes ❑ No ❑

If yes, please describe: _____

Are there any safety concerns we should be aware of? (e.g. issues relating to violence, risk taking behaviors, threats, abuse, harm to self or others?)

Yes ❑ No ❑

If yes, please describe: _____

Education and Employment history

Please describe information with respect to you or your family (including literacy level) that you feel is important for us to know.

_____

_____

►Health Information

Are there any physical issues or conditions, past or present, that we should be aware of? If you are here for child and youth counselling, please fill out on behalf of the child

Self ❑ Child ❑ Yes ❑ No ❑

If yes, please describe: _____

Have you had mental health concerns or a mental health diagnoses? Yes ❑ No ❑

If yes, please describe: _____

Are you currently taking medications to address the physical or mental health issues described above? Yes ❑ No ❑

If yes, please describe: _____ Have you any concerns about misuse of alcohol or drug use by yourself or within your family? Yes ❑ No ❑ If yes, please describe use:_____

Past Issues & Current Challenges

Is there any information with respect to you/ your family that you feel is important for us to know? (childhood abuse/neglect, relationship violence, trauma, family history, significant relationships, living situation)

_____

_____

_____

Culture and Spiritual Beliefs

Please describe information that you feel is important for us to know.

_____

►Strengths, Abilities, & Interests

Please describe any strengths, abilities, supports, or interests that you, or your family has that could help in addressing the issues or challenges you face:

Strengths: _____

Abilities: _____

Supports: _____

Interests: _____

►Service Delivery Preferences

Are there any needs, preferences, or assistive requirements you have with regard to receiving services from Connect Counselling & Therapy? If so, please describe:

_____

►Follow-up Permissions

Connect Counselling & Therapy appreciates follow-up feedback once service is completed. Please indicate if you would be willing to participate in a brief telephone survey.

Yes ❑ No ❑

_____ _____
Client Signature Date

_____ _____
Counsellor Signature Date

For child and youth counselling please complete next page

Child's Developmental Issues and Social Environment

Note: This section is only filled out for Child and Youth counselling.	Information provided by family member (Name) _____	Information provided in referral document
1. After school leisure, sports, clubs, and/or community involvement: _____ _____ _____ _____ _____	❑	❑
2. Education/ School information includes the following elements:		
a. Motor development is age appropriate: Yes ❑ No ❑	❑	❑
b. Language development is age appropriate: Yes ❑ No ❑	❑	❑
c. Hearing function is within normal range: Yes ❑ No ❑	❑	❑
d. Visual function is within normal range: Yes ❑ No ❑	❑	❑
e. Intellectual function is age appropriate: Yes ❑ No ❑	❑	❑
f. Peer interaction is age appropriate: Yes ❑ No ❑	❑	❑
g. Learning ability is age appropriate: Yes ❑ No ❑	❑	❑
h. Immunization records are available Yes ❑ No ❑	❑	❑
If no (for any of the above), what is the current status and/or what intervention has been done or not done. _____ _____ _____		
3. Please provide other pertinent information, for example: school history; special education needs; family and peer relationships; prenatal exposure and/or history of use of alcohol, drugs, and tobacco; trauma/abuse, housing situation: _____ _____ _____ _____ _____ _____	❑	❑

If you require more space please use the back of this form.

CLIENT INFORMATION SHEET

We ask that you please read the following information and sign at the bottom.

Cancellation/No Show Policy:

In our effort to reduce the amount of time clients have to wait for service we ask that if you are unable to keep an appointment that you inform us ***24 hours in advance***. This will allow us to fill your time slot with someone from our waitlist*. If you miss two appointments, without notifying us in advance, the administration staff may not be able to re-book you.* It will then be necessary to contact your counsellor for further direction. ***Please do not come if you are sick, we will be pleased to rebook your appointment.***

Limits of Confidentiality:

Your attendance at this office and sessions with a counsellor will be kept confidential. No material or information will be released without your signed consent except under the following conditions:

1. ***The Child, Family and Community Service Act*** requires that we report to the Ministry for Children and Family Development any disclosure of a child under 19 who is at risk for abuse or neglect.
2. If you share information indicating that you pose a threat to harm yourself or another person, the counsellor will take the necessary action to ensure your safety and/or the safety of others.
3. The counsellor is bound by law to provide information in the following situations:
    a) Subpoenaed to appear before a court;
    b) Issued a police search warrant;
    c) Subpoenaed by a Coroner's Inquiry
4. Your counsellor is required to allow the review of client files for the purpose of clinical supervision and case consultation. Your confidentiality will be protected during this review.
5. Your personal information will be entered into a database (called Counselling Trac). Information is encrypted and stored on an offsite site webserver which is highly secure. *Non-identifying elements* such as survey results *may be* used for agency statistical reporting.

For Parents who have Shared Guardianship:

Please be advised that it is your responsibility to inform the other parent of matters pertaining to your child's health, including the fact that your child is receiving counselling services.

I have read and understood the information contained in the client intake package. I have the right to ask my counsellor any questions or have clarified any of the information that I have received from Connect Counselling & Therapy. RECEIPT OF THIS COMPLETED FORM DIRECTLY FROM YOUR EMAIL ACCOUNT WILL CONSTITUTE AGREEMENT IN FULL.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____

Check List for Counsellor

Take Home Package Reviewed with Client ❑	Client rights and responsibilities explained verbally ❑	Intake Completed ❑	Cancellation/No Show & Confidentiality Policy read and signed ❑	Date ❑