INTAKE FORM

The information you provide here is protected as confidential information. Please email the completed form to Info@BrentwoodCounselling.com.

1. INTRODUCTION

Minor's Name	
Parent 1's Name	
Parent 2's Name	
Minor's Date of Birth	(mm/dd/yy) Age Gender ☐ Male ☐ Female
Minor's Address	
Parent 1's Mobile Phone	May I leave a message? ☐ Yes ☐ No
Parent 1's Address	
Parent 2's Mobile Phone	May I leave a message? ☐ Yes ☐ No
Parent 2's Address (if different)	
Minor's Mobile Phone	Consent to contact youth directly via mobile? ☐ Yes ☐ No
Minor's Email	Consent to contact youth directly via email? ☐ Yes ☐ No
Parent 1's Email	May I email you? ☐ Yes ☐ No *Please note: Email correspondence is not considered to be a confidential medium of communication.
Parent 2's Email	May I email you? ☐ Yes ☐ No
Referred By	
Parent's Marital Status	☐ Common-law ☐ Married ☐ Separated ☐ Divorced

	Number of years							
Child's Name		Age		at home?	☐	yes	☐	no
Child's Name		Age		at home?	☐	yes	☐	no
Child's Name		Age		at home?	☐	yes	☐	no
Child's Name		Age		at home?	☐	yes	☐	no

2. HEALTH INFORMATION

Minor's Physician		
Physician's Phone #		
Present Medication(s)		
Purpose of Medication(s)		
In case of emergency,please call	Relation:	Phone
Minor's Physical illnesses		

Minor's Psychiatrist	
Psychiatrist Phone #	
Present Medication(s)	
Purpose of Medication(s)	
Mental Health Concerns	
Other Health Professional(s) (e.g., case worker, social worker, school counsellor, OT)	
Other Health Professional's Phone #	

Is your child currently attending or have attended any groups or other forms of therapy? (social skills group, anxiety group, speech therapy, etc.) Please indicate.

3. EDUCATION, EMPLOYMENT

Please indicate your child's highest level of education

☐	Elementary
☐	High School
☐	College
☐	University Undergraduate
☐	University Graduate Level
☐	Other (please list):

Is your child currently employed? ☐ Yes ☐ No
If yes, what is the current occupation:

4. CHURCH, COMMUNITY AFFILIATION

Does your child consider him/herself to be spiritual or religious? ☐ Yes ☐ No
If yes, describe their faith or belief:

5. FAMILY HISTORY

Briefly describe your child's family background:

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member in the space provided (minor, brother, sister, father, mother, uncle, etc.)

	Please Check	List Family Member
Alcohol Abuse	☐ Yes ☐ No	
Drug Abuse	☐ Yes ☐ No	
Gambling Addiction	☐ Yes ☐ No	
Pornography/Sex Addiction	☐ Yes ☐ No	
ADHD	☐ Yes ☐ No	
Anxiety	☐ Yes ☐ No	
Depression	☐ Yes ☐ No	
Suicide Attempts	☐ Yes ☐ No	
Domestic Violence	☐ Yes ☐ No	
Eating Disorders	☐ Yes ☐ No	
Obesity	☐ Yes ☐ No	
Obsessive Compulsive Behaviour	☐ Yes ☐ No	
Schizophrenia	☐ Yes ☐ No	
Other: _____	☐ Yes ☐ No	

What was the happiest or best period of your child's life? (describe)

What was the most difficult or tragic period of your child's life? (describe)

6. ASSESSMENT OF MINOR

What are your main concerns about your child?

What have you done about these concerns in the past or recently?

What can the counsellor do to help your child?

How motivated is your child to solve these concerns or to participant in therapy?

How does your child see him/herself?

How do other people (friends, siblings, teachers) see your child?

Is there any other information that you think I should know?

7. POLICIES

FEES AND PAYMENT: Fees are payable at the time of each visit, unless other arrangements have been made. **The consenting parent(s)** are responsible for payment regardless of third party involvement. If you fall behind in payments for more than two sessions, another session will not be scheduled until your account is paid or arrangements are agreed upon. Fees may be readjusted at any time. One month's notice will be given for any increase. I charge for time needed to prepare written reports at the hourly rate. Fees are payable by cash, credit or debit. A receipt will be issued for third party reimbursement.

CANCELLATIONS: The psychotherapy process involves meeting for a 1 hour session for individual counselling and 1.5 hour or 2 hour session for parents and families (unless other arrangements have been made). A specific time during the week has been reserved for you. If you must cancel due to illness, please notify me as soon as possible. Should you need to cancel for any other important reason, **48-hour notice is required**, **otherwise you will be charged for the session**. Advance notice gives me time to reschedule, and allows someone on a waiting list to be seen.

TELEPHONE CALLS & EMAILS: I check my confidential email and voicemail, (604) 800.9010 daily, less frequently on weekends and holidays. For emergencies, please call 911.

CONFIDENTIALITY: **Psychotherapy is confidential except where limited by Canadian law. These exceptions include situations that involve child, elder, or dependent adult abuse or if a client is a danger to him or herself or others. Written permission is otherwise needed to disclose any information to a third party. When working with children and adolescents, it is my policy to regard everything said in session as confidential except where noted above. I will encourage the child or adolescent to disclose to the**

parent information regarding substance abuse, sexual activity, or other behaviour that places him or her at risk.

TERMINATION: You have the right to terminate treatment at any time. It is helpful for us to discuss termination fully in at least one session. I may also terminate treatment if your child does not comply with the conditions of treatment (i.e., coming to sessions clean and sober, refusal to obtain a psychiatric consult, consistent no shows). I may also terminate treatment and refer you to another professional if your issue is beyond the scope of my practice.

I understand and agree to the guidelines listed above, to the statement of confidentiality, and to paying all the charges in full at each meeting. **Parents: your electronic signature signed below is considered your consent to counselling and/or psychotherapy services for your child. Both parents signature are required for treatment of a minor, unless otherwise indicated.**

Parent 1's Signature		Date	
Parent 2's Signature		Date	
Child's Signature (only sign if between ages 7-18)		Date	