

Intake information – Adult

Name: _____ Gender Identity: _____ Date of Birth: _____
____/____/____

Address: _____ Email#: _____

Message okay?

_____ Phone #: _____

Message okay?

city

postal code

Intake Information Youth only

Name: _____ Gender Identity: _____ Date of Birth: _____
____/____/____

YR First Last Preferred pronoun _____ MO DY

Address: _____ Phone#: _____

Message okay?

_____ Cell #: _____ Message

okay?

city

postal code

Parent/Guardian Name(s): _____ Phone#: _____

Family Members:

School: _____

Grade:

Intake Form

Youth lives with: _____

*Address if different from above:

Intake Information for Family

Child's name: _____ Gender Identity: _____
First Last

Date of Birth: ____/____/____ Current Age: ____ Preferred pronoun
MO DY YR

Home Address: _____ Phone: H _____ Message
okay?

city postal code

Family members: _____ Ages:

School: _____ Grade: _____ Child Care Centre:

Information - Parent/Guardian 1:

Information - Parent/Guardian 2:

Intake Form

Name: _____

Name: _____

Relation to child: _____

Relation to child: _____

Date of Birth: ____/____/____
MO DY YR

Date of Birth: ____/____/____
MO DY YR

Address: _____

Address: _____

Phone: (H) _____ Message okay?

Phone: (H) _____ Message okay?

(B) _____ Message okay?

(B) _____

Message okay?

(C) _____ Message okay?

(C) _____

Message okay?

Child's Legal Guardian: _____

Child lives with: _____

Are you currently involved in any legal process regarding custody and access? YES NO

Is there a legal custody agreement? YES NO

Custody Type: Resides with both parents Sole Custody – Mother Sole Custody – Father

Separated/Divorced – Joint Custody

Separated/Divorced – No Agreement Interim Custody Other

*If Separated/Divorced,

Is the other custodial parent aware that you have brought your child today and that you are seeking services at?

I Yes I No

*If Interim Custody or Other, Please explain:

Intake Questionnaire

(continued)

1. Who referred you to AMIND for counselling?

2. List past history of counselling service?

Intake Form

3. Are you, your child or anyone with you at risk of harm to self or others, right now?

4. What concerns have brought you here today?

5. How does the problem affect you? People around you?

6. What would be important for me to know about the background of the problem?

7. Do you have any known mental health diagnosis? If so, what is it?

8. Any family history of mental illness? If so, who and please share.

Intake Form

9. Is there any other information for me to know about your culture, ethnicity, religion, sexual orientation, gender identity/expression, mental or physical health or other?

