



YWCA COUNSELLING SERVICES –MINOR
INTAKE PACKAGE (PLEASE PRINT)

Today's date (mm/dd/yyyy):

PARENT/GUARDIAN INFORMATION

Parent/Guardian's name: (First/Middle/Last)	Preferred Name:	Pronoun(s) used:
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Gender:	Current Age:	Birth date (mm/dd/yyyy):
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Phone:	(Primary)	<input type="checkbox"/> Safe to leave a message <input type="checkbox"/> Preferred Contact
	(Alternative)	<input type="checkbox"/> Safe to leave a message <input type="checkbox"/> Preferred Contact

Email:	<input type="checkbox"/> Safe to leave a message <input type="checkbox"/> Preferred Contact
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I agree to receive appointment confirmations & other communications by text message to the following number:

Primary Alternative I **do not** wish to receive text messages.

Address:

Postal Code:	City:	Quadrant (NE, SE, NW, SW, Central, etc):	Province:
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Primary Language:	Other Language(s) Spoken:
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FINANCIAL INFORMATION

Occupation/Employment Situation:

Have you or your child ever been employed or volunteered for YWCA Edmonton?
 Yes No

If so, when & in what capacity?

Do you currently have a spouse/partner attending/seeking counselling at the YWCA Edmonton?
 Yes No

If so, who is their counsellor?

Client Name: _____

Education Level :

- | | | |
|---|--|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Junior High | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some College/Technical | <input type="checkbox"/> College Degree | <input type="checkbox"/> Some University |
| <input type="checkbox"/> Undergraduate Degree | <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Post Graduate Degree |

Source of income: (Please check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Full time work | <input type="checkbox"/> Part time work | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Social Assistance/AISH | <input type="checkbox"/> EI | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Pension | <input type="checkbox"/> No Income | <input type="checkbox"/> Other |

If other, please specify:

Gross Yearly Household Income:

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,000 - \$30,000 | <input type="checkbox"/> \$30,000 - \$50,000 |
| <input type="checkbox"/> \$50,000 - \$70,000 | <input type="checkbox"/> \$70,000 - \$100,000 | <input type="checkbox"/> \$100,000+ |

Do you currently have 3rd Party Benefits that cover psychological services? Yes No

If so, please specify the provider:

What is your current relationship status:

- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Dating | <input type="checkbox"/> Married |
| <input type="checkbox"/> Common-Law | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Remarried | <input type="checkbox"/> Widowed/Widower | <input type="checkbox"/> Other |

If other, please specify:

CHILD INFORMATION – FIRST CHILD

Child's Name (First/Middle/Last)	Preferred Name:	Pronoun(s) Used:
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Gender:	Current Age:	Birth date (mm/dd/yyyy):
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Name of other parent/legal guardian:

If applicable, what is the custody arrangement? Sole Shared Other

If applicable, please outline the current custody arrangement that is in place regarding your child:

Is your child adopted? Yes No

If YES, is your child aware that he or she is adopted? Yes No

Has Children and Family Services ever been involved? Yes No

If YES, are they currently involved? Yes No

Client Name: _____

PRESENTING ISSUES – FIRST CHILD

Please review the following list and check all that apply to you.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Death/Grief | <input type="checkbox"/> Significant Life Change | <input type="checkbox"/> Difficulty with Family |
| <input type="checkbox"/> Separation/Divorce | <input type="checkbox"/> Low Self-Esteem/Confidence | <input type="checkbox"/> Marital Problems | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Health Problems | <input type="checkbox"/> Relationship Problems | |

Other:

Please describe why you would like your child to see a counsellor?

What are the three biggest concerns you have for your child right now?

A.

B.

C.

What are the goals that you have for your child in counselling? What changes would you like to see?

MEDICAL HISTORY – FIRST CHILD

Does your child have any medical concerns, conditions or medications we should know about?

Yes

No

If YES, please describe the condition and nature of the treatment:

Are they currently receiving support from any of the follow:

Doctor

Psychiatrist

Counsellor

Family/Friends

Community Agency (Please specify which one):

Other (Please specify):

SUICIDE RISK ASSESSMENT- FIRST CHILD

Has your child ever had feelings or thoughts of suicide?

Yes

No

(If yes, please answer the following question. If No, please skip to the next section)

Have they ever attempted suicide?

Yes

No

DEVELOPMENTAL HISTORY- FIRST CHILD

When your child was born, were there any medical concerns during labour, delivery, or immediately after their birth?

Yes

No

If YES, please describe:

Client Name: _____

Developmental milestones (sitting up, walking, talking, toilet training, etc.) were:

- On time Delayed Earlier than child's peers Not Sure

EDUCATIONAL HISTORY – FIRST CHILD

What school does your child attend?

Grade/Year:

How are his or her grades?

Does your child have any identified learning disabilities?

If your child has had any specialized academic testing, please describe:

HOBBIES, INTERESTS & RECREATION – FIRST CHILD

Does your child belong to any clubs or organizations (Ex. Church group, a sports team, etc...?)

What are your child's hobbies and favourite activities?

CULTURAL, ETHNIC, RELIGIOUS & IDENTITY INFORMATION – FIRST CHILD

Do you consider yourself or your child a member of any of these groups?

Persons with a disability

Aboriginal/First Nation

LGBTQ; Please Describe:

Immigrant/Newcomer to Canada; Country of Origin:

Ethnocultural Minority; Please Describe:

Religious/Spiritual Affiliation; Please Describe:

Other; Please Describe:

Are there any specific aspects about your ethnic or religious values and/or experience that you feel would be helpful for me to know? If so, please describe:

CHILD INFORMATION – SECOND CHILD

Child's Name (First/Middle/Last)

Preferred Name:

Pronoun(s) Used:

Gender:

Current Age:

Birth date (mm/dd/yyyy):

Client Name: _____

Name of other parent/legal guardian:	
If applicable, what is the custody arrangement?	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Other
If applicable, please outline the current custody arrangement that is in place regarding your child:	
Is your child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, is your child aware that he or she is adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Children and Family Services ever been involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, are they currently involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENTING ISSUES – SECOND CHILD	
Please review the following list and check all that apply to you.	
<input type="checkbox"/> Abuse <input type="checkbox"/> Death/Grief <input type="checkbox"/> Significant Life Change <input type="checkbox"/> Difficulty with Family <input type="checkbox"/> Separation/Divorce <input type="checkbox"/> Low Self-Esteem/Confidence <input type="checkbox"/> Marital Problems School Problems <input type="checkbox"/> Eating Problems <input type="checkbox"/> Health Problems <input type="checkbox"/> Relationship Problems	
Other:	
Please describe why you would like your child to see a counsellor?	
What are the three biggest concerns you have for your child right now?	
A.	
B.	
C.	
What are the goals that you have for your child in counselling? What changes would you like to see?	
MEDICAL HISTORY – SECOND CHILD	
Does your child have any medical concerns, conditions or medications we should know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please describe the condition and nature of the treatment:	
Are they currently receiving support from any of the follow:	
<input type="checkbox"/> Doctor <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Counsellor <input type="checkbox"/> Family/Friends Community Agency (Please specify which one): Other (Please specify):	

Client Name: _____

SUICIDE RISK ASSESSMENT- SECOND CHILD

Has your child ever had feelings or thoughts of suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(If yes, please answer the following question. If No, please skip to the next section)

Have they ever attempted suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DEVELOPMENTAL HISTORY- SECOND CHILD

When your child was born, were there any medical concerns during labour, delivery, or immediately after their birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please describe:

Developmental milestones (sitting up, walking, talking, toilet training, etc.) were:

 On time Delayed Earlier than child's peers Not Sure
EDUCATIONAL HISTORY - SECOND CHILD

What school does your child attend?

Grade/Year:

How are his or her grades?

Does your child have any identified learning disabilities?

If your child has had any specialized academic testing, please describe:

HOBBIES, INTERESTS & RECREATION - SECOND CHILD

Does your child belong to any clubs or organizations (Ex. Church group, a sports team, etc...?)

What are your child's hobbies and favourite activities?

CULTURAL, ETHNIC, RELIGIOUS & IDENTITY INFORMATION - SECOND CHILD

Do you consider yourself or your child a member of any of these groups?

 Persons with a disability Aboriginal/First Nation LGBTQ; Please Describe: Immigrant/Newcomer to Canada; Country of Origin: Ethnocultural Minority; Please Describe: Religious/Spiritual Affiliation; Please Describe:

Client Name: _____

Other; Please Describe:

Are there any specific aspects about your ethnic or religious values and/or experience that you feel would be helpful for me to know? If so, please describe:

CHILD INFORMATION – THIRD CHILD

Child's Name (First/Middle/Last)

Preferred Name:

Pronoun(s) Used:

Gender:

Current Age:

Birth date (mm/dd/yyyy):

Name of other parent/legal guardian:

If applicable, what is the custody arrangement?

Sole

Shared

Other

If applicable, please outline the current custody arrangement that is in place regarding your child:

Is your child adopted?

Yes

No

If YES, is your child aware that he or she is adopted?

Yes

No

Has Children and Family Services ever been involved?

Yes

No

If YES, are they currently involved?

Yes

No

PRESENTING ISSUES – THIRD CHILD

Please review the following list and check all that apply to you.

Abuse

Death/Grief

Significant Life Change

Difficulty with Family

Separation/Divorce

Low Self-Esteem/Confidence

Marital Problems

School Problems

Eating Problems

Health Problems

Relationship Problems

Other:

Please describe why you would like your child to see a counsellor?

What are the three biggest concerns you have for your child right now?

A.

B.

C.

What are the goals that you have for your child in counselling? What changes would you like to see?

Client Name: _____

MEDICAL HISTORY – THIRD CHILD

Does your child have any medical concerns, conditions or medications we should know about? Yes No

If YES, please describe the condition and nature of the treatment:

Are they currently receiving support from any of the follow:

Doctor Psychiatrist Counsellor Family/Friends

Community Agency (Please specify which one):

Other (Please specify):

SUICIDE RISK ASSESSMENT– THIRD CHILD

Has your child ever had feelings or thoughts of suicide? Yes No

(If yes, please answer the following question. If No, please skip to the next section)

Have they ever attempted suicide? Yes No

DEVELOPMENTAL HISTORY– THIRD CHILD

When your child was born, were there any medical concerns during labour, delivery, or immediately after their birth? Yes No

If YES, please describe:

Developmental milestones (sitting up, walking, talking, toilet training, etc.) were:

On time Delayed Earlier than child’s peers Not Sure

EDUCATIONAL HISTORY – THIRD CHILD

What school does your child attend?

Grade/Year:

How are his or her grades?

Does your child have any identified learning disabilities?

If your child has had any specialized academic testing, please describe:

HOBBIES, INTERESTS & RECREATION – THIRD CHILD

Does your child belong to any clubs or organizations (Ex. Church group, a sports team, etc...?)

Client Name: _____

What are your child's hobbies and favourite activities?

CULTURAL, ETHNIC, RELIGIOUS & IDENTITY INFORMATION – THIRD CHILD

Do you consider yourself or your child a member of any of these groups?

Persons with a disability

Aboriginal/First Nation

LGBTQ; Please Describe:

Immigrant/Newcomer to Canada; Country of Origin:

Ethnocultural Minority; Please Describe:

Religious/Spiritual Affiliation; Please Describe:

Other; Please Describe:

Are there any specific aspects about your ethnic or religious values and/or experience that you feel would be helpful for me to know? If so, please describe:

FAMILY VIOLENCE & ABUSE

As part of our intake process, we ask all of our clients a question about family violence so that we can determine safety and provide support. Some examples of family violence include physical abuse (ex. Strangulation, hitting and forced isolation), verbal, mental and emotional abuse (ex. Name-calling, threats, harassment, throwing things, punching walls), control over finances, sexual abuse, religious/spiritual and cultural abuse.

Have you experienced these or other similar behaviours?

Yes

No

Do you feel threatened or unsafe in a current relationship (s)?

Yes

No

Are you currently involved in the Criminal Justice system or with Victim Services?

Yes

No

Please specify:

COUNSELLING PREFERENCES & ADDITIONAL INFORMATION

YWCA Edmonton will work to accommodate any requests, however due to counsellor availability we may be unable to accommodate the requests. Certain requests, such as requesting Evening appointments only, are subject to longer wait times. Additionally, pairing multiple children with counselors is subject to longer wait times.

I would prefer a...

Male Counsellor

Female Counsellor

No Preference

Appointment Time Preference:

Morning (9am-12pm)

Afternoon (1pm-4pm)

Evening (5pm-8pm)

No Preference

Client Name: _____

Any other counsellor preferences:

Counselling Type

Individual

Play Therapy

Girls' Counselling Group

YWCA Edmonton offers a variety of youth programming at varying times in addition to our counselling programs.. Please contact our Service Coordinator to learn more about the programs we are currently offering and for more information on registering.

Is there any other information you think may help the counsellor understand your children?

OTHER ORGANIZATIONS

Who referred you to our services?

We understand that you may be on a wait list at another organization that provides counselling services. Would you be willing to allow us to contact them in order to better coordinate your mental health needs?

If you are on another waitlist, could you please list them?

Do you consent to us contacting them on your behalf?

Yes

No

CONSENT FOR TREATMENT OF MINORS

I give permission to the YWCA Edmonton Counselling Centre to provide assessment, ongoing individual and/or family counselling for my minor children:

1.

2.

3.

I understand that if I do not possess sole custody of my child that consent must also be obtained from the other custodial parent/guardian prior to the commencement of any treatment. **Primary custody is not sufficient, unless otherwise stated through a court order.**

I understand that if a therapist knows or has reason to believe that my child has been or is being abused or neglected, they have a duty to report this to Alberta Child and Family Services. I also understand that the counselor is not under any duty to provide the information contained in any such report to me.

Client Name: _____

I understand that the therapist cannot render an opinion about a person that has implications for that person's legal or civil rights without direct and substantial professional contact or a formal assessment of that person. Thus they cannot provide a letter or report that could potentially impact custody or access without direct and substantial professional contact or a formal assessment of all persons involved.

I understand that specific content of sessions between my child and the therapist may remain confidential, and that my child has the right to request that information about his/her treatment not be shared with me. However, all information concerning danger to my child will be reported unless prohibited by Alberta Child and Family Services. General Reports of my child's progress may be provided to me under this agreement.

I have read the above information and agree for treatment to be provided.

Name of Parent with Legal Custody	
Signature of Parent with Legal Custody	
Date	
Name of Parent with Legal Custody	
Signature of Parent with Legal Custody	
Date	
Signature of Witness	
Date	

CONSENT TO PARTICIPATE IN INTAKE/COUNSELLING - ADULT SERVICES

I understand that the intake process and counselling provided through the YWCA Edmonton Counselling Centre follows a philosophy in which people are viewed as having the inner resources to develop their own solutions to their problems. With this in mind, I understand that the service provider(s) will work with me to assist my gaining personal insights, learning new ways to cope with or to solve problems, developing new skills, and changing unwanted behaviors. I am also aware that my participation in counselling may evoke strong emotions or difficult memories, result in changes in self-awareness, and different ways of relating to others.

During the course of therapy, I will be apprised of the rationale for risks, benefits, alternatives and interpretations of any and all interventions. I understand that I have the right to accept or reject any task, exercise, or procedure suggested by the counsellor. I also have the right to terminate the therapeutic relationship at any point and to request an appropriate referral to other agencies and/or resources.

Client Name: _____

Collection, Use and Disclosure of Information

- I may request the YWCA Edmonton to provide a written report about information within my file or a record of my attendance to other agencies or individuals.
 - I understand a release of information form must be completed and signed before such information will be released.
 - I understand that, in the event that my consent for release of information has been given verbally, I will be required to sign the form prior to the release of the information.
- I understand the original file remains the property of the YWCA Edmonton, however, that it will be available for me to read and that I can request a copy of my file but that there will be a fee of \$75.00 for such service. I understand I will be required to sign a 'Release of Copy of File' form at that time and that this process may take up to 30 days.
- I understand that any requests for letters or other documentation must be made in writing with a minimum of one week notice. Requests for documentation will be subject to a fee of \$50.00 for a one page letter. Documentation requests exceeding one page must be approved by the Director of Counselling Services who will then determine the appropriate fee.
- I understand that my file will be kept solely for the following reasons: documentation of intake/counselling sessions and any related information; maintaining a record of correspondence on my behalf; any assessment tools completed by me.
- I understand that I have the right to request corrections of inaccurate information about myself in my records.
- I understand that my file will be kept for ten years and then shredded prior to disposal.
- I understand that my file will be kept indefinitely if I disclose any of the following: child sexual abuse, sexual assault and or developmental disability.
- I understand that demographic information will be kept indefinitely on an agency-controlled database.

Limits of Confidentiality

- I understand that my service provider(s), department support staff, Director of Counselling Services, and Chief Executive Officer have access to all client files.
- I understand that all YWCA Edmonton staff who have access to my files are bound to keep information about me secure and confidential.
- I understand that my service provider(s) is required to take necessary and reasonable precautions to prevent risk of harm to myself and to others.
- I understand that by law my service provider(s) is required to report any allegations, signs of abuse or neglect against vulnerable persons to the appropriate authorities.
- If my service provider(s) is required by law to release my file, they will undertake the necessary steps to determine if the release of my file could have a substantial adverse effect or cause harm to the physical, mental or emotional well-being of myself or a third party before releasing my file.
- I understand that if a third party payer requires disclosure of information for the purposes of payment, I will be informed of their requirements before counselling proceeds.
- I understand that the YWCA Edmonton Counselling Centre conducts an Annual Client

Client Name: _____

Satisfaction Survey and that I may be contacted during this process.

- I understand that my child's case may be discussed in the context of closed meetings with the Counselling Department, for the purpose of coordinating services for my child's benefit.
- I understand that YWCA Edmonton Counselling Services is a teaching facility; therefore, I may be asked if an intern can shadow my session(s). I have the right decline having an intern present.

Service Providers

- I understand that YWCA Edmonton Counselling Services is a teaching facility; therefore, I may be asked if an intern can shadow my session(s). I have the right decline having an intern present.
- I understand that I may be paired with a counselling intern who is currently working to complete their Masters in Counselling from an accredited, Alberta-based institution and is under the supervision of a Registered Psychologist.
- I understand that I have the right to request a transfer to a different counsellor if I believe my needs are not being met with my current service provider. I understand that there may be a wait associated with this, due to counsellor case loads.
- I understand that, if needed, I am welcome to take a break from counselling. If my break is longer than six months, or if my counsellor is no longer a member of staff, I understand that I may be assigned a new counsellor based on counsellor availability. I understand that there may be a wait associated with this, due to counsellor case loads.

I have read (or have had read to me) and understand the above information, and I agree to participate in the services provided by the YWCA Edmonton Counselling Centre.

Parent Name (Please Print)	
Parent Signature	
Date	
Witness Name	
Witness Signature	

CLIENT EXPECTATIONS FOR COUNSELLING

Please read and initial the following statements to consent to the services:

- I understand that YWCA Edmonton will attempt to contact me three times by phone and/or email to book my intake appointment.
 - If I do not respond in the given timeframe, I will be removed from the list and will be placed back on the waitlist if I express interest in counselling again.
- I understand I have to pay for each session and/or outstanding balance before each session.
- I understand I have to book future appointments after each session, that I am responsible for my own appointment bookings, and that YWCA Edmonton staff will not contact me if I forget to book my next appointment.
- I understand I have to let YWCA Edmonton know of any changes to my financial situation so they can revise my assessed fee to reflect that change.

Client Name: _____

- I understand that I will have to provide updated paperwork on an annual basis.
- I understand I have to attend all of my scheduled appointments *on time*.
 - If I do not show to a scheduled appointment, I will be charged the cost of the missed appointment.
 - If I arrive late to my appointment, I understand my appointment will be shorter than the 50 minutes allocated.
 - If I am 15 or more minutes late to my appointment, I understand that the appointment will be cancelled and must be rescheduled. I understand that late appointments are considered short notice cancellations and subject to the same penalties as a short notice cancellation.
 - If I must cancel an appointment, I will provide 48 hours notice. I understand that if I provide less than 48 hours notice, YWCA Edmonton reserves the right to charge me the cost of the appointment.
- I understand that if I do not show to or short notice cancel two or more appointments, I will be unable to receive services for three months.** If after those three months are up I return to services, I understand I will not be able to access subsidized services.
- I understand I have to keep my voice down when in the waiting room.
- I understand that when calling in to change or cancel your appointments, I will have my dates correct. I understand that therapist schedules fill up quickly, and dates will not be held or reserved.
- I understand that If any of my information changes while being a client of the YWCA, I will inform YWCA Edmonton so they can keep my contact information up to date.
- YWCA Edmonton is a scent-free facility. Thank you for not wearing scented products or perfumes when visiting our office.
- YWCA Edmonton is unable to provide child-minding services on site. If you are unable to line up childcare prior to your appointment, you may cancel without penalty. If you bring children to your appointment who do not have an adult or older youth to supervise, your appointment will be cancelled.**

Please be advised that the YWCA has a zero tolerance policy of abuse and or bullying against staff. Any behavior fitting this description could result in immediate termination of services.

I have read (or have had read to me) and understand the above expectations, and I agree to follow these while attending the YWCA for counselling.

Parent Name	
Parent Signature	
Date	
Witness Name	
Witness signature	

ywcaofedmonton.org

T | 780.423.9922 F | 780.488.6077 #400, 10080 Jasper Avenue NW, Edmonton, Alberta T5J 1V9  @YWCAEdmonton

Client Name: _____