



Infant and Preschool Services INFANT Intake Form

for infants aged: birth to 12 months

Collecting this information from parents/guardians before booking an appointment at CASA allows us to more accurately determine whether CASA Infant and Preschool Services are appropriate for this infant, if the situation should be considered urgent or high priority, and also helps our assessment process work more efficiently. Providing this information is voluntary and it will be held in confidence, stored securely until the infant is 18 years of age and accessed only by CASA staff and physicians.

The information collected on this intake form is used to access the services of Infant and Preschool Services, CASA Child, Adolescent and Family Mental Health and is collected pursuant to section 22 (2)(b) of the Health Information Act (HIA) in accordance with sections 20 (b) and 21 (1)(a) of the HIA. If you have any questions about the collection of this information, please contact the Human Resources and Health Records Officer at 780 400 4554. The Health Information Act and/or Freedom of Information Act protects the privacy of this information.

Infant's Full Legal Name <i>(last name, first name, middle name)</i>			
Alberta Health Care Number <i>(required)</i>	Date of Birth <i>(day-month-year)</i>	Age <i>(in months)</i>	Gender <input type="checkbox"/> F <input type="checkbox"/> M

Parent(s)/Guardian(s) Identification **[if the parent(s) is/are not the guardian, we require the guardian's information].*

Parent/Guardian 1	
Full Name _____	
<i>(please circle)</i> Biological Adoptive Step Foster Grandparent	
Family Status: Single Married Common-law Divorced Separated	
Address:	1. _____
City:	1. _____
Postal Code:	1. _____
Home Phone:	1. _____
Alternate Phone:	1. _____

Parent/Guardian 2	
Full Name _____	
<i>(please circle)</i> Biological Adoptive Step Foster Grandparent	
Family Status: Single Married Common-law Divorced Separated	
Address:	2. _____
City:	2. _____
Postal Code:	2. _____
Home Phone:	2. _____
Alternate Phone:	2. _____

Is your primary mode of transportation public transit? *(please circle)* yes no

If parents are living apart, infant mainly lives with: _____

Who has legal custody? *(please provide legal documentation if the family is no longer together)* _____

List everyone living in the home: *(please state the ages of siblings)* _____

Does this infant receive services from Children and Family Services? *(please circle)* yes no

Services Received: _____

Case worker's name: _____ Phone Number: _____

Infant's Guardianship Status: *(if applicable)*

Permanent Guardianship Order (PGO): _____

Temporary Guardianship Order (TGO): _____

Interim Agreement: _____ Expiry Date: _____

Custody Agreement: _____ Expiry Date: _____

Please note that this infant's guardian must sign this form before it can be accepted for review.

Who referred your infant to CASA Infant and Preschool Services? *(please circle)*

Parent Physician Home Nutrition Glenrose Children and Family Services NICU

Other: _____

Name of referring party: _____ Phone number: _____

Name of current physician/pediatrician: _____ Phone number: _____

What concerns you about your infant?

Please indicate if you had, or currently have, concerns with the bonding/relationship with your infant: _____

Birth History:

Before delivery, was the biological mother healthy during the pregnancy? *(please circle)* yes no

If no, were there any complications such as depression, anxiety, diabetes, German measles (*rubella*), high blood pressure, medications?

If you are the biological mother: How far along were you when you found out you were pregnant? _____

How many months were you pregnant when you delivered? _____

Delivery: *(please circle)* full term premature overdue

Birth weight: _____ Duration of labour: _____ C-Section: yes no

Following birth did the infant have trouble starting to breathe? *(please circle)* yes no

Describe any difficulties with the delivery: _____

Did the infant's mother have post partum depression? _____

Was your infant treated in a neonatal intensive care unit (NICU)? *(please circle)* yes no

If yes, for how long? _____

If yes, what complications/Interventions did your infant experience in NICU?: _____

Is your infant on any medication? *(please circle)* yes no

If yes, please specify: _____

Is there any biological family history of the following?

	yes	no	Relationship to infant		yes	no	Relationship to infant
Learning difficulties				Family violence			
Depression				Hyperactivity/ADHD			
Addictions				Sexual abuse			
Suicide				Seen a psychiatrist or counsellor			

Please add any other information regarding your infant's behaviour that you feel would be important for us to know:

Guardians are required to sign this form to ensure they are aware of this request for services from:
CASA Children, Adolescent and Family Mental Health

- * *If both biological parents live together, only one parent is required to sign this form.*
- * *If guardianship involves Children's Services, the infant's Children's Services Worker is required to sign this form and must be present for the initial appointment at CASA.*
- ** *In the case where the infant's biological parents are not living together, we require signatures from both parents unless sole guardianship has been defined and the legal documentation confirming sole guardianship is provided with this form.*

Signature of the person completing this form

Name (and relationship to infant)

Date

* _____
* Signature of legal guardian

* _____
Name (and relationship to infant)

* _____
Date

** _____
** Signature of legal guardian

** _____
Name (and relationship to infant)

** _____
Date