



CASA Intake
 2nd Floor, 13514A – Fort Road
 Edmonton AB T5A 1C6
 Phone 780-410-8180
 Fax: 780-435-6261

Concurrent Addiction & Mental Health Program (CAMP) Intake Form Age: Under 18

Collecting this information from parents/guardians before booking an appointment at CASA allows us to more accurately determine whether CASA Services are appropriate for this child 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 child 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 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 CASA's Health Records at 780 400 4563. The Health Information Act and/or Freedom of Information Act protects the privacy of this information.

Child's Full Legal Name <i>(last name, first name, middle name)</i>			
Alberta Health Care Number (required)	Date of Birth (Day-Month-Year)	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/>
Child's Address:			

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

Parent/Guardian 1

Parent/Guardian 2

Full Name _____

Full Name _____

Please check appropriate descriptors:

Please check appropriate descriptors:

Biological Adoptive Step Foster Grandparent Other

Biological Adoptive Step Foster Grandparent Other

Family Status: Married Common-law Divorced Separated

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Address: 1. _____

Address: 2. _____

City 1. _____

City 2. _____

Postal Code: 1. _____

Postal Code: 2. _____

Home Phone: 1. _____

Home Phone: 2. _____

Alternate Phone: 1. _____

Alternate Phone: 2. _____

Who has legal custody? (If biological parents are not together, legal documentation must be provided) – attached: Yes No

List everyone living in the home: _____

Does this youth receive services from Child and Family Services? (please circle) Yes No

Services Received: _____

Case worker's name: _____ Phone Number: _____

Child's Guardianship Status (if applicable):

- Permanent Guardianship Order (PGO)
- Temporary Guardianship Order (TGO)
- Interim Custody
- Custody Agreement

Expiry Date: _____

Expiry Date: _____

Expiry Date: _____

Please note all guardians must sign this form before the referral can be accepted.

Who referred this child/adolescent to CASA ? (Please Check)

- Parent Physician Teacher Child and Family Services Self

Other: _____

Name and phone number of referring party: _____

Name of current physician/pediatrician: _____

Phone number of current physician/pediatrician: _____

What are your concerns regarding your youth that require this referral?

Mood: _____

Anxiety: _____

Sleep: _____

Appetite: _____

Energy level: _____

Self-Harm: _____

School/Academics: _____

Peers: _____

Home/Family: _____

Other: _____

How long has your child/adolescent been struggling with the above concerns? _____

Is your child/adolescent currently using drugs or alcohol? (Please Check) Yes No Unsure

What is the substance(s) of choice? _____

How much? _____

How often? _____

Please explain how this is impacting them: _____

Do you have concerns that your child / youth is overusing specific activities? i.e. video games, food, pornography Yes No Unsure

Has your child/adolescent ever been a victim of abuse? (please check) YES NO UNSURE

If "yes," what was the nature of abuse? (please check)

Physical abuse Emotional Abuse Sexual Abuse Neglect Bullying

Has your child/adolescent ever experienced a traumatic event? (please check)

YES NO UNSURE

If "yes," what was the nature of the event? (please check)

Witnessed violence Disaster/Accident (fire, car accident, etc)

Death of a close family member/friend/pet Other _____

DEVELOPMENTAL HISTORY

Was the biological mother healthy during pregnancy? Please check YES NO

If "no" please explain (were there any complications such as depression, anxiety, stress, diabetes, German measles (rubella), high blood pressure, any medications?):

What was the duration of the pregnancy? _____

Was there prenatal exposure to alcohol/drugs? (Please check) Yes No Unsure

If "yes," has there been **confirmation** of the prenatal exposure by the biological mother? (Please check)

Yes No Unsure

Have you had any concerns with your child's development (walking, talking, toilet training)?

Have you had any concerns with the bonding and/or relationship with your child?

Has your child had any of the following assessments or interventions? If so, please mark the appropriate categories and include copies of the reports.

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech/language | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Education |
| <input type="checkbox"/> Psychiatry/mental health | <input type="checkbox"/> Hearing/audiology | <input type="checkbox"/> Psychology/counselling |
| <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Other (please specify): | |

Please indicate which reports are attached: _____

Please add any other information regarding your child's behavior that you feel would be important for us to know.

Signature of the person completing this form

Date

Relationship to this child

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

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

Signature of legal guardian

Relationship

Date

Signature of legal guardian

Relationship

Date

Please note location of CAMP: CASA Downtown: Suite 406, 10011-109 Street Edmonton AB T5J 3S8

Phone: 780-400-2270, Fax 780-415-6050