



Client Name: \_\_\_\_\_

**Intake Information (Child)**

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Date (Date & Time): \_\_\_\_\_

<p><i>For office use only</i></p>  <p>Intake Date &amp; Time: _____</p>
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Who referred you to our services? : \_\_\_\_\_

**Counselling Type:**

- Individual
- Family
- Play Therapy
- Group Counselling

\*Please note that if you do not show up for your scheduled intake appointment and do not give us 48 hours notice, we will remove you from our waitlist.

**Financial Information (Used to determine fee):**

For your first appointment, please bring with you documentation showing your household yearly income -

- Notice of Assessment: \_\_\_\_\_
- Pay Stub: \_\_\_\_\_
- Other: \_\_\_\_\_

<p><i>For office use only</i></p>
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Client Name: \_\_\_\_\_



**LIFE HISTORY QUESTIONNAIRE FOR COUNSELLING – MINOR**  
**(To be filled out by a consenting adult)**

The purpose of this questionnaire is to assist the therapist in the intake/assessment process. Personal information collected on this form may be used to provide funders with demographic information about our clientele. No *identifying* information will be released without your consent. If you prefer not to answer a particular question, just write: N/A (No answer). Please print your answers. **\*\*\*\*\*Please note that in order for a child to enter into counselling at the YWCA Edmonton, consent must be provided from all *custodial parents* \*\*\*\*\***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parent/Guardian Information:**

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: (MM/DD/YY) \_\_\_\_\_ Current Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_  safe to leave a message  Preferred Contact

(Alternate): \_\_\_\_\_  safe to leave a message  Preferred Contact

Email: \_\_\_\_\_  safe to leave a message  Preferred Contact

Primary Language: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_

Occupation/Employment Status: \_\_\_\_\_

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

If so, when & in what capacity?: \_\_\_\_\_

What is your current relationship status:

Single  Married  Common-Law  Separated  Divorced

Other: \_\_\_\_\_

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:*

High School       Some College/Technical       Some University       Undergraduate Degree

Graduate Degree       Postgraduate Degree       Other

*Source of Income:* (Please check all that apply)

Full time work       Part time work       Partner       Social Assistance/AISH       EI

Student Loan       Pension       No Income       Other: \_\_\_\_\_

*Gross Yearly Household Income:*

Less than \$9,999.00       \$10,000 - \$19,999.00       \$20,000 - \$29,999.00

\$30,000 - \$39,999.00       \$40,000 - \$49,999.00       \$50,000 - \$59,999.00

\$60,000 plus

**Child Information**

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: (MM/DD/YY) \_\_\_\_\_      Current Age: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family Background**

1. Is your child adopted?  Yes  No

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

2. How many brothers or sisters does your child have? What are their names and how old are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has Children and Family Services ever been involved?  Yes  No

If YES, are they currently involved?  Yes  No

**Presenting Issues**

1. Please review the following list and check all that apply to your child.

- Abuse       Death/Grief       Significant Life Change       Difficulty with Family   
Marital Problems       Separation/Divorce       Relationship Problems       Eating Problems   
School Problems       Health Problems       Low Self-Esteem/Confidence

Other (Please Specify): \_\_\_\_\_

2. Please describe why you would like your child to see a counsellor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the three biggest concerns you have for your child right now?  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

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

**Medical History:**

1. 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: \_\_\_\_\_  
\_\_\_\_\_

2. Are they currently receiving support from any of the following:  
Doctor       Psychiatrist       Counsellor       Family/Friends:   
Community Agency (Please specify which one): \_\_\_\_\_  
Other (Please specify): \_\_\_\_\_

**Suicide Risk Assessment:**

1. Has your child ever had feelings or thoughts of suicide? Yes No  
(If Yes, please answer the following. If No, please skip to the next section)

2. Have they every attempted suicide? Yes No

**Developmental History:**

1. When your child was born, was there any medical concerns during labor, delivery, or immediately after his/her birth?

Yes  No

If YES, please describe: \_\_\_\_\_

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

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

**Educational History:**

Which 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**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your child's hobbies and favourite activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural, Ethnic and Religious Information:**

1. Do you consider yourself a member of any of these groups?

Persons with a disability:  Yes

LGBTQ:  Yes Please Describe: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Ethnocultural Minority:  Yes Please Describe: \_\_\_\_\_

Aboriginal/1<sup>st</sup> Nations:  Yes

Religious/Spiritual Affiliation:  Yes Please Describe: \_\_\_\_\_

Other (Please Specify): \_\_\_\_\_

2. 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 and 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, and harassment), control over finances, sexual abuse, religious/spiritual and cultural abuse.

- 1. Have you or your child ever experienced these or other similar behaviours?  Yes  No
- 2. Do you or your child feel threatened or unsafe in a current relationship(s)?  Yes  No
- 3. Are you currently involved in the Criminal Justice system or with Victim Services?  Yes  No

Please Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Final Question**

- 1. Is there any other information you think may help the counsellor understand your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Organizations:**

- 1. 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

**Additional Participant Information**

How did you hear about YWCA Edmonton's Girls Counselling Group?

\_\_\_\_\_

Why are you interested in participating in the Girls Counselling Group?

\_\_\_\_\_

**Expected Method of Transportation**

Car/Pick Up       Bus       Walking       Taxi       Other: \_\_\_\_\_

Please list any known food allergies or dietary restrictions (We recognize the importance of this information and will do our best to accommodate the participant's needs whenever possible):

\_\_\_\_\_

\_\_\_\_\_

Please list any other known health concerns of the participant: \_\_\_\_\_

\_\_\_\_\_

**Attendance Expectations**

- I understand that this is a year-round program, running 51 weeks of the year.
- Participants meet once a week for approximately 1.5 hours after school on Thursdays 4:30-6pm at YWCA Edmonton..
- New participants will be allowed to join after the group has begun.
- Participants are encouraged to share their thoughts and feelings with the group. Participants will not share what they learn about other group participants.
- Regular and punctual attendance ensures the group remains a safe and supportive space.
- I understand that Wendy Salvisberg, Registered Provisional Psychologist will be facilitating the group each week.

**Participant Agreement**

I understand the purpose and expected activities of the Girls Support Group. I am aware that I may attend on a drop-in basis and not share what other participants talk about during the group. I am aware that I may revoke my consent to participate at any time and will do so in writing. I, \_\_\_\_\_ (the participant), agree to participate in YWCA Edmonton's Girls Support Group.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Media Consent**

As the parent/guardian of the participant, I consent to allow YWCA Edmonton to reproduce or distribute any photographs, video, film, audio or other similar material in association with the Girls Support Group and related events/activities for promotional and/or archival purposes. There is no time limit to this consent; *however, consent can be revoked at anytime with written notice to one of the facilitators.*

Consent:

Do Not Consent:

**Consent to Participate in Future Research**

As the parent/guardian of the participant, I consent to be contacted in the future for participation in research studies regarding my own and the participant's experience in the Girls Support Group.

Consent:

Do Not Consent:

**Release of Liability**

We, the Participant and parent/guardian, understand the information on this form is collected in accordance with relevant privacy legislation. We give permission for the information in this package to be used in the event of a medical emergency or to provide crisis support for the Participant. We authorize YWCA Edmonton to obtain medical treatment for the Participant and consent to medical treatment on behalf of the Participant. We acknowledge that in the event of an emergency, treatment may be provided to the Participant and that the parent/guardian will be financially responsible for any costs associated with such treatment or services (Example: ambulance transportation).

We hereby release YWCA Edmonton, its staff, volunteers and its insurers from any claims, demands, or actions in the event of loss, injury or damage to the Participant's person or property, except when such loss, injury or damage is due to negligence on behalf of its staff or volunteers.

We understand that the Participant will follow the rules of YWCA Edmonton's Girls Support Group that will be provided to them. If the Participant does not follow the rules they may be removed from the program.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Girls Support Group Consent Form**

The purpose of the group is to offer a safe space for girls to gather on a drop-in basis every week to share their experiences coping with life's challenges in an honest, open, and safe environment. Participants in the program are involved in the design of each session and may bring a topic for discussion each week that is relevant to the lives of girls and young women in Canada.

Due to the importance of building trust within the group, information that group members share with the facilitator is treated as strictly confidential. It is important that your child have the freedom to express herself in the group with the knowledge that the specific details of what she says or does will remain confidential and not be revealed to anyone. However, if a group member is at risk of harm to self or others or if they disclose abuse or negligence from a caregiver — our therapists are legally required to report these incidences. Lastly, if the group facilitator is subpoenaed by law, there is a risk that the facilitator and information contained within her case notes may become disclosed. YWCA Edmonton Counselling Services will ensure that you are properly informed about relevant information that could impact your child's safety and well-being.

If you have any questions or concerns in regards to your child participation in the group, the facilitator will set up an individual meeting with you and your child to discuss these matters.

Members are reminded of the importance of keeping any information shared in the group confidential. However, it is important for both you and your child to understand that, due to the nature of group counselling, confidentiality cannot be guaranteed.

*Please sign below to acknowledge that you understand and accept these risks and limitations of your participation.*

\_\_\_\_\_  
Name of parent with legal custody (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent with legal custody

\_\_\_\_\_  
Participant's name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of participant