



Core Intake Form Age: Birth to 4 years 9 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 child, 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 child is 30 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. The Health Information Act and/or Personal Information Protection Act protects the privacy of this information.

WE ARE UNABLE TO PROVIDE AUTISM ASSESSMENTS, OR ASSESSMENTS FOR INSURANCE CLAIMS OR MEDICAL-LEGAL PURPOSES, INCLUDING CUSTODY

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	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Name of current physician/pediatrician:		Phone number:	
Who referred the child to CASA? <input type="checkbox"/> Physician <input type="checkbox"/> Children services <input type="checkbox"/> Head Start <input type="checkbox"/> GRIT <input type="checkbox"/> Family Resource Network <input type="checkbox"/> Family Support Worker <input type="checkbox"/> Home Visitor <input type="checkbox"/> Other _____ <input type="checkbox"/> Name of referring party: _____ <input type="checkbox"/> Phone number: _____ <input type="checkbox"/> Email: _____			

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:

Address:

Address:

City/Postal Code:

City/Postal Code:

Home Phone:

Home Phone:

Alternate Phone:

Alternate Phone:

Email Address:

Email Address:

Please select appropriate descriptors:

Please select appropriate descriptors:

Biological Adoptive Step Foster Grandparent

Biological Adoptive Step Foster Grandparent

Family Status:

Family Status

Married Common-law Divorced Separated

Married Common-law Divorced Separated

Who has legal custody? _____

(Please provide legal documentation if the parents are no longer together)

Does this child receive services from Children's Services? Yes No

Case worker's name: _____ Phone Number: _____

Has your child ever been a victim of abuse: Yes No

Has your child ever experienced a traumatic event? Yes No

Are you or have you ever been involved with CASA? Yes No

If yes, please specify: _____

What concerns do you have for the child?

Please add any other information regarding your child 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 Child, Adolescent and Family Mental Health.

- In the case where the child’s biological parents are not living together, both parents must consent to services and/or provide legal documentation confirming guardianship and medical decision making authority.**
- If you have a custody or parenting order in place please include a copy of it with the form**

_____ <i>Signature of person completing this form</i>	_____ <i>Relationship to child</i>	_____ <i>Date</i>
_____ <i>Signature of legal guardian</i>	_____ <i>Relationship to child</i>	_____ <i>Date</i>
_____ <i>Signature of legal guardian</i>	_____ <i>Relationship to child</i>	_____ <i>Date</i>

**If you have any concerns or questions please contact CASA
Centre at 780-400-2271**