



CASA Centre  
 10645 63 Ave NW  
 Edmonton, AB T6H 1P7  
 Intake Fax: 780-435-6261

## 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 CASA 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 (last name, first name, middle name)			
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?

Physician                       Children Services                       Head Start  
 GRIT                                 Family Resource Network               Family Support Worker  
 Home Visitor                       Other \_\_\_\_\_

Name of referring party: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent(s) / Guardian(s) / Identification**

Parent/Guardian:	Parent/Guardian:
Address:	Address:
City/Postal Code:	City/Postal Code:
Home Phone:	Alternate Phone:
Home Phone:	Alternate Phone:
Email Address:	Email Address:
Please select appropriate descriptors: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Step <input type="checkbox"/> Grandparent	Please select appropriate descriptors: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Step <input type="checkbox"/> Grandparent
Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> 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:

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What concerns do you have for the child?

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

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**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.

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Signature of person completing this form:      Relationship to child:      Date:

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Signature of Legal Guardian:      Relationship to child:      Date:

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Signature of Legal Guardian:      Relationship to child:      Date:

If you have any concerns or questions please contact CASA Intake at 780-410-8483