Parent Self-Referral

For children ages 2-years-9-months to 4-years-9-months

Collecting this information from parents/guardians before booking an appointment at CASA Mental Health allows us to more accurately determine whether CASA's services are appropriate for the child, the urgency of situation and improves the efficiency of the assessment process. Information will be held in confidence and stored securely until the child is 30 years of age, and only accessed by CASA staff and physicians.

CASA Mental Health protects the privacy of individuals requesting or receiving health services in accordance with the *Health Information Act* (HIA).
Personal and/or health information collected on this form will be used for the purpose of providing health services as well as determining or verifying eligibility for those health services as authorized by sections 27(1)(a) and (b) of the HIA. Information is collected pursuant to section 20(b) of the HIA and will occur directly from the individual accessing services except in specific circumstances in accordance with section 22(2)(b).
If you have any questions, please contact CASA's Privacy Office at privacy@casaservices.org or 780-400-2271.

Date: _____

Child's legal name (last, first, middle)		Preferred name	
Alberta Health Care number (required)	D.O.B. (day-month-year)	Age	Gender
Specialized program		Phone number	
Cultural identity		Indigenous status	
Cultural or special considerations			
Name of current physician/pediatrician		Physician phone number	

Parents/Guardians Information

Name		Name	
Address		Address	
City and postal code		City and postal code	
Main phone	Alternate phone	Main phone	Alternate phone
Email address		Email address	
Please select appropriate descriptor ☐ Biological ☐ Adoptive ☐ Step ☐ Grandparent ☐ Other		Please select appropriate descriptor ☐ Biological ☐ Adoptive ☐ Step ☐ Grandparent ☐ Other	
Family Status ☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Single		Family Status ☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Single	

Do the parents/guardians live together in the same home as the child?

O Yes O No

If the parents are separated, are they both able to attend appointments together?

O Yes O No

Who has legal custody? _____

Please attach the following (if applicable):

O Court-ordered medical decision-making documentation

O TGO or PGO documentation

O Single parents solely listed on birth certificate

O Previous assessments

Does the child receive services from Children's Services?

O Yes O No

Case Worker's Name: _____

Case Worker's Phone Number: _____

Who referred the child to CASA?

- ○ Physician
- ○ GRIT
- ○ Home Visitor
- ○ Children Services
- ○ Family Resource Network
- ○ Other

Referring Party's Name: _____

Referring Party's Phone Number: _____

Referring Party's Email Address: _____

Current Concerns (check all that apply):

- ○ Hyperactivity
- ○ Obsessive thoughts
- ○ Eating/Feeding
- ○ Fears and anxiety
- ○ Aggression towards _____
- ○ Difficulty with separation
- ○ Daycare/school difficulties
- ○ Risky behaviours
- ○ Parent-child conflict
- ○ Gender and social identity
- ○ Cognitive/learning difficulties
- ○ Involuntary movements/ sounds
- ○ Regression in development
- ○ Developmental concerns
- ○ Attention/focus difficulties
- ○ Difficulty with transitions
- ○ Low self-esteem
- ○ Prolonged tantrums
- ○ Sleep
- ○ Selective mutism
- ○ Social difficulties
- ○ Lack of boundaries
- ○ Impulsivity
- ○ Routinized behaviour
- ○ Inability to be redirected
- ○ Suspected or confirmed exposure to substances during pregnancy

If necessary, please provide further description below.

Please list current medications.

Has the child ever been a victim of abuse?

- ○ Yes
- ○ No

Has the child ever experienced a traumatic event?

- ○ Yes
- ○ No

History of trauma (includes suspected):

- ○ None
- ○ Sexual abuse
- ○ Physical abuse
- ○ Emotional abuse
- ○ Neglect
- ○ Exposure to family violence
- ○ Other

If other, please specify:

Are you currently or have you ever been involved with CASA?

- ○ Yes
- ○ No

If yes, please specify:

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

Medical and/or mental health assessments and diagnosis:

Current community and/or mental health supports:

What do you hope CASA can do for your family?

Guardians are required to sign this form to ensure they are aware of this request for services from CASA Mental Health.

- If 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 there is a custody or parenting order in place, please include a copy of it with the form.

Signature of person completing form	Relationship to child	Date
Signature of legal guardian	Relationship to child	Date
Signature of legal guardian	Relationship to child	Date

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