

# Child/Teen Client Intake Form - Centre of the Heart

## 1. Contact Information

Client name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Criminal injury file number (if relevant): \_\_\_\_\_

Parent(s): \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

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

Current profession/school: \_\_\_\_\_

Marital status: \_\_\_\_\_

Other professional contacts:

## 2. Presenting Problem

Reason for referral (presenting problem and related details):

Issues:

Needs:

## 3. Client History

Family/social relationships:

History of trauma/abuse/exposure to violence:

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Art Therapy Services

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Medical and psychiatric history:

Significant events or losses:

Current and past interventions (what is effective and what is not working?). This could include medical, psychiatric, psychological, school-based etc.:

Assessments/diagnoses:

#### 4. Current Risk Level

Current risk of trauma/physical harm:

Current Suicide Risk (Any suicidal ideation, suicide attempts, reports of self-harm, participation in high-risk behaviour) Circle one of the following:

Low   Moderate   High   Imminent   Unknown

#### 5. Protective factors

Events, relationships, situations that have positive influence

Personal strengths of client:

#### 6. Cultural background

ADDRESSING framework :

A- Age:

D- Developmental Level:

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D- Different Abilities:  
R- Religion and spirituality:  
E- Ethnicity:  
S- Sexual orientation:  
S- Socio-economic status:  
I- Indigenous origin:  
N- Nationality:  
G- Gender:

Aboriginal origin:  
Band/Nation:  
Client's views on healing and mental health:

7. What are hopes for possible outcomes in therapy?

Client Goals:

Parents Goals:

8. Previous Counselling Experience:

9. How did you hear about my services:

10. Additional comments:

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## CONFIDENTIALITY:

The therapeutic relationship is confidential with three exclusions required by law:

- \*child welfare concerns
- \*imminent medical emergency or risk of harm to self or other
- \*subpoena by court order

Brief written records are kept of client sessions. These records are available to you to see upon written request. In order to support the effectiveness of my practice I also consult periodically with a supervisor. The supervisor adheres to the same ethical guidelines with regard to confidentiality.

## CONSENT FOR THERAPY:

Signature \_\_\_\_\_

Date \_\_\_\_\_

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