



Infant and Preschool Services 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 M F
Name or 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

**[if the parent(s) is/are not the guardian, we require the guardian's information]*

Parent / Guardian 1

Parent / Guardian 2

Full Name: _____

Address: _____

City/Postal Code: _____

Home Phone: _____

Alternate Phone: _____

Email Address: _____

Full Name: _____

Address: _____

City/Postal Code: _____

Home Phone: _____

Alternate Phone: _____

Email Address: _____

Please select appropriate descriptors:

Biological Adoptive Step Foster Grandparent

Family Status:

Married Common-law Divorced Separated

Please select appropriate descriptors:

Biological Adoptive Step Foster Grandparent

Family Status

Married Common-law Divorced Separated

If parents are living apart, child mainly lives with: _____

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**

Signature of person completing this 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 Centre at 780-400-2271