CASA
Child, Adolescent and Family Mental Health

CASA Intake
10645-63 Ave NW
Edmonton AB T6H 1P7
Phone 780-400-2271
Fax: 780-435-6261

Concurrent Addiction & Mental Health Program (CAMP) Intake Form Age: 12-17

Collecting this information from parents/guardians before booking an appointment at CASA allows us to more accurately determine whether CASA Services are appropriate for this adolescent 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 adolescent is 18 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 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. If you have any questions about the collection of this information, please contact CASA's Health Records at 780 400 4563. The Health Information Act and/or Freedom of Information Act protects the privacy of this information.

Please note that this referral form is for the Concurrent Addiction and Mental Health Program (CAMP) ONLY. This form is not used for admission into other programs. Only clients between the ages of 12-17 who have simultaneous mental health and addiction concerns will be considered

Adolescent's Full Legal Name *(last name, first name, middle name)+*			
Alberta Health Care Number (required)	Date of Birth	Age	Gender ☐ Male ☐ Female ☐ Transgender ☐ Other
Adolescent's Address:			

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

Parent/Guardian 1 Full Name:	Parent/Guardian 2 Full Name:
Please check appropriate descriptors: ☐ Biological ☐ Adoptive ☐ Step Foster ☐ Grandparent ☐ Other Please specify _____	Please check appropriate descriptors: ☐ Biological ☐ Adoptive ☐ Step Foster ☐ Grandparent ☐ Other Please specify _____

Family Status: ☐ Married ☐ Common-law ☐ Divorced ☐ Separated		Family Status: ☐ Married ☐ Common-law ☐ Divorced ☐ Separated
Parent /Guardian 1 Contact Information		Parent /Guardian 2 Contact Information
Address		
City		
Postal Code		
Home Phone		
Alt. Phone		

Who has legal custody? (If biological parents are not together, legal documentation must be provided)

_____

Custody Document attached? ☐ Yes
☐ No

List everyone living in the home:

Does this youth receive services from Child and Family Services? (Please check) ☐ Yes
☐ No

Service Received:

Case worker's name:	Phone Number:

Adolescent's Guardianship Status (if applicable):

☐ Permanent Guardianship Order (PGO)	
☐ Temporary Guardianship Order (TGO)	Expiry Date: _____
☐ Interim Custody	Expiry Date: _____
☐ Custody Agreement	Expiry Date: _____

Please note all guardians must sign this form before the referral can be accepted unless adolescent is a mature minor or seeking mature minor status

Who referred this adolescent to CASA? (Please Check) ☐ Parent ☐ Physician ☐ Teacher ☐ Child and Family Services ☐ Self ☐ Other:
Name and phone number of referring party:
Name of current physician/pediatrician:
Phone number of current physician/pediatrician:

What are your concerns regarding your youth that require this referral?

Mood:
Anxiety:
Sleep:
Appetite:
Energy Level:
Self-Harm:
School/Academics:
Peers:
Home/Family:

Others:

How low long has your adolescent been struggling with the above concerns?

Is your adolescent currently using drugs or alcohol? (Please Check)

☐ Yes
☐ No
☐ Unsure

What is the substance(s) of choice?

How much?	How often?

Please explain how this is impacting them:

Do you have concerns that your adolescent is overusing specific activities, I.e. Video games, Food, Pornography

☐ Yes
☐ No
☐ Unsure

If yes, please specify: _____

Has your adolescent ever been a victim of abuse? (Please check)

☐ Yes
☐ No
☐ Unsure

If "yes," what was the nature of abuse? (Please check)

☐ Physical abuse
☐ Emotional Abuse
☐ Sexual Abuse
☐ Neglect
☐ Bulling

Has your adolescent ever experienced a traumatic event? (Please check)

☐ Yes
☐ No
☐ Unsure

If "yes," what was the nature of the event? (Please check)

☐ Witnessed violence
☐ Disaster/Accident (fire, car, accident, etc.)
☐ Death of a close family member/friend/pet
☐ Other Please specify: _____

DEVELOPMENTAL HISTORY

Was the biological mother healthy during pregnancy? Please check
☐ Yes
☐ No

What was the duration of the pregnancy?

Was there prenatal exposure to alcohol/drugs? (Please check)
☐ Yes
☐ No
☐ Unsure

If yes," has there been **confirmation** of the prenatal exposure by the biological mother? (Please check)
☐ Yes
☐ No
☐ Unsure

Have you had any concerns with your adolescent's development (walking, talking, toilet training)?

Have you had any concerns with the bonding and/or relationship with your adolescent?

Has your adolescent had any of the following assessments or interventions? If so, please mark the appropriate categories and include copies of thereports
☐ Speech/Language
☐ Occupational therapy
☐ Education
☐ Psychiatry/Mental Health
☐ Hearing/audiology
☐ Psychology/counselling
☐ Physical therapy
☐ Other (please specify): _____

Please indicate which reports are attached:
Please add any other information regarding your adolescent's behavior that you feel would be important for us to know.

_____ _____

Signature of the person completing this form Date

_____

Relationship to this adolescent

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 adolescent's biological parents' are not living together, we require signatures from both parents unless sole custody has been defined and the legal documentation confirming decision making is provided with this form.**

- **If guardianship involves Children's Services, the adolescent's Children's Services Worker is required to sign this form and <u>must</u> be present for the initial assessment at CASA.**

_____	_____	_____
Signature of legal guardian	*Relationship*	*Date*
_____	_____	_____
Signature of legal guardian	*Relationship*	*Date*

Please Note:

<u>The completed form should be sent to:</u>

CASA Intake 10645-63 Ave NW Edmonton, AB, T6H 1P7 Phone: 780-400-2271 Fax: 780-435-6261.

<u>Location of CAMP Services:</u>

CASA Centre: 10645 63 Ave NW Edmonton, AB, T6H 1P7 Phone: 780-400-2271