



The Family Place

(Fostering Wellness & Wholeness)

Procedures and Policies

(PARENT / CHILD INTAKE FORM)

CLIENT (CHILD'S) NAME _____ (printed name please)

PLEASE READ CAREFULLY

The Family Place is a mental and behavioural health centre committed to fostering wellness and wholeness in all individuals. We offer counselling and psychotherapy services for children, adolescents, adult individuals, couples and families. The staff consists of psychologists and other qualified mental health professionals. We attempt to employ the most effective and efficient therapeutic approaches and techniques. Our approach to therapy emphasizes the importance of relationships, especially family relationships, in the process of change. Family members are encouraged to participate. On occasion, family members may experience some uneasiness or discomfort. Please understand that this may be necessary as part of making positive changes.

CONFIDENTIALITY: In general, the confidentiality of all communications between a client and a therapist is protected by law, and information cannot be released without your written permission. However, there are some exceptions:

- Under certain circumstances your file or therapist can be subpoenaed by attorneys or the courts.
- In accordance with ethical codes of mental health professionals, confidentiality does not include information about child abuse/neglect, sexual exploitation by other mental health professionals, elder abuse, or behaviour or threats to harm self or others.
- Any report of injury or suspected injury to a child must be reported to the proper authorities. Parents of minors will be informed of any life threatening activity.
- If communication with other persons requires a copy or copies of your records a fee may be assessed for this service.

Please discuss with your therapist any questions or concerns you may have regarding the limits to confidentiality.

APPOINTMENTS: Since we operate on an appointment basis, your appointment time and office space is reserved exclusively for you at the specified time. It is important that you notify the receptionist or your therapist 6-24 hours in advance if it is necessary to cancel or change your appointment. Failure to do so will result in the client forfeiting the fee for the session as if the appointment were kept.

Failure to do so a second time may result in a referral to another service. If you are more than 15 mins late, we will have no choice but to reschedule your appointment and the fee for the session will be forfeited. Appointment reminders are sent to clients prior to each initial scheduled session. Please initial below beside the method by which you wish to receive the reminder. Please note that by initialing one of the methods below you are giving permission to be contacted via that

method and waive all rights to confidentiality and privacy in regard to appointment scheduling. In addition, you understand that any charges for the service you choose is your responsibility.

_____ Text: Phone #: _____ Email: Address _____

_____ Both (Text and Email) _____ No Reminder

SESSIONS: (Individual, Couples, or Family therapy): Individual sessions are 45 minutes long, while Family and Couple therapy sessions are 75 minutes long. In most cases, you will have a regular time and day weekly when you see your therapist. If no therapy session occurs for a month or more, your case will be closed. We welcome and expect your active involvement in your therapy.

FEES: We are committed to providing quality services at a very affordable rate. We also believe in the importance of clients investing in therapy in order to gain the most from it. An initial fee of N25, 000 is required. The fee for services after the initial appointment is N20, 000 per session. Please discuss any fee questions, needs, or problems with your therapist.

BILLING & PAYMENTS: You will be expected to pay for each session upfront, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested or recommended.

REFERRAL: Often the person(s) who referred you would like to know that you came for counseling. This helps them to know if they have been helpful to you. May we inform them that you have come? Additional written permission will be requested from you BEFORE any information is given other than your attendance at this first appointment. NO ___
YES__ Initial here _____

IF YES, please give their name: _____

Address: _____ Phone: _____

SERVICE EVALUATION: After therapy has ended would you be willing to assess our services through e-mail?

CONTACT VIA EMAIL: Y / N (please circle) EMAIL ADDRESS: _____

CONSENT FOR THERAPY: Please sign below, indicating that you have read and understand these procedures and policies, and that you agree to them and give your consent for therapy. If you have any questions please discuss them with your therapist BEFORE you sign. Thank you for your confidence in our services.

As legal guardian or managing conservator of this minor child, I hereby affirm that I have the legal authority to and do hereby authorize The Family Place to provide therapeutic services for my child.

Parent/Legal Guardian Signature _____ DATE _____

Parent/Legal Guardian Printed Name) _____

Relationship to Client: _____

Witness _____ DATE _____

For clients who are minors and the person(s) with legal custody is/are not a biological parent(s) please complete the following:

Custodian Name: _____ Relationship _____

This intake form requires information on **both** parent and child. Please **read each section carefully** to understand which section pertains to you and which selection pertains to your child.

Please answer the following questions so that your therapist will have some understanding of your situation. Only persons with access to your file will read this information, and it will remain strictly confidential along with any other personal information that you provide.

Are you the biological parent? _____

Do you have legal custody of the child? _____

Do you share custody with someone else? _____

If so, are you the *managing conservator* of the child? _____

Do you have legal documentation of your custody arrangement? _____ Has it been provided it to us? Y / N

Is there another parent (non-custodial) who lives in a different location? _____ Their Name: _____

Briefly describe the custody arrangement:

If you share custody with someone, with whom do you share it? Name: _____

What is your relationship with this person? _____

Who is responsible for most of the daily care of this child? _____

If there is a second custodial parent, fill in the information in section 2.

If not, go to section 3.

PARENT INFORMATION (part one)

Name: _____

Address: _____

____ Male ____ Female Date of birth: ____ / ____ / ____ Age: ____ Phone: _____

Your Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced

Previously married: ____ Yes ____ No (if "yes" # of times ____)

Spouse Name: _____ Date of Birth: ____ / ____ / ____

Spouse's occupation: _____

Spouse's employer: _____

PARENT INFORMATION (part two)

Name: _____

Address: _____

____ Male ____ Female Date of birth: ____ / ____ / ____ Age: ____ Phone: _____

Your Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced

Previously married: ____ Yes ____ No (if "yes" # of times ____)

Spouse Name: _____ Date of Birth: ____ / ____ / ____

Spouse's occupation: _____

Spouse's employer: _____

Have you sought professional help before? _____ If yes, when and where? _____
How were you referred to The Family Place? _____

OTHER ADULTS (part three)

Are there other adults living in your home who are **not** biological parents to the child? Y / N How many adults? _____
Please complete information below on other adults living in the home (use as many boxes as needed).

Is this person an adoptive parent to the child? _____ a grandparent? _____ other _____

What is your relationship to this person? _____

Fill in the information below on this person.

Name: _____

__ Male __ Female Date of birth: ____ / ____ / ____ Age: ____ Phone: _____

Occupation: _____

OTHER ADULTS (part three) – continued

Is this person an adoptive parent to the child? _____ a grandparent? _____ other _____

What is your relationship to this person? _____

Fill in the information below on this person.

Name: _____

__ Male __ Female Date of birth: ____ / ____ / ____ Age: ____ Phone: _____

Occupation: _____

Additional persons living in the home:

Name	Age	Sex	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other children not living in your home:

Name	Age	Sex	Relationship to you
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD/ADOLESCENT INFORMATION

Name: _____

Male Female Date of birth: ____ / ____ / ____ Age: ____ Phone: _____

School: _____ Class: _____

MEDICAL INFORMATION

CURRENT MEDICATIONS

LIST ANY CURRENT MEDICATIONS YOUR CHILD IS TAKING

Medication Prescribed	Physician	For Treatment Of:	Dosage/Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAST MEDICATIONS

LIST MEDICATIONS YOUR CHILD HAS TAKEN IN THE PAST

Medication Prescribed	Physician	For Treatment Of:	Dosage/Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECK ANY OF THE FOLLOWING BEHAVIUIORS THAT ARE TRUE OF YOUR CHILD

Feelings:

Does your child show feelings that concern you or seem strange for their age? Y N

(Please check all below that apply)

- Is restless
- Is sad or cries easily
- Is overly guilty
- Is irritable or angers easily
- Lacks remorse
- Is sullen
- Is fearful
- Is bored

Behaviours:

Do you have any concerns about your child's behaviour? Y N

(Please check all below that apply)

- Has problems in school
- Threatens or harms other children or animals
- Lacks interest in things s/he used to enjoy
- Plays sexual games with others, toys, animals
- Is involved in sexual activity
- Destroys possessions or other property
- Steals
- Refuses to talk
- Sets fires
- Is overactive
- Hurts himself or herself
- Has been in trouble with the police

Social Interaction:

Do you have any concerns about how your child gets along with you? Y N

With other family members or adults? Y N

With playmates/peers? Y N

(Please check all below that apply)

- Withdraws and does not look into people's eyes
- Clings to you too much
- Has a hard time making and keeping friends
- Is defiant, has a disciplinary problem
- Severe and frequent tantrums
- Picks on others or often gets into fights
- Argues too much
- Will not go to school
- Prefers to be alone

Thinking: Do you have any concerns about how your child's thinking processes? Y N

(Please check all below that apply)

- Is frequently confused
- Daydreams often
- Is distracted, doesn't pay attention
- Has very strange thoughts
- School work is slipping
- Does not trust others
- Sees or hears things that are not there
- Blames others for his/her misdeeds
- Talks about death or suicide often
- Often cannot remember things

Physical Problems: Do you think your child may have a health problem? Y N
 If yes, has he/she seen a doctor or nurse about the problem? Y N

(Please check all below that apply)

- Lacks energy
- Uses laxatives
- Vomits often
- Will not eat
- Sneaks food
- Has stomach aches often
- Wets or soils pants
- Has headaches
- Has lost or gained a significant amount of weight
- Has sleeping problems (nightmares, sleepwalking, early waking, frequent night walking)

Other:

Is your child accident prone? Y N
 Is anything causing your family stress right now? Y N
 If "YES" please explain briefly: _____

Has your child been the subject of neglect, physical, sexual, or emotional abuse? Y N
 If "YES" what form? _____
 Has treatment been initiated? Y N

Does your child drink alcohol or do drugs? Y N
 Has your child been treated for mental health problems or substance abuse? Y N

COMMENTS: (Please write anything else you would like for us to be aware of in this space)

Thank you. Please return these forms to the receptionist.