

Phone: (204) 728-0054

Child Intake

Child's name: _____ Today's Date: _____

Date Of Birth: _____ Childs Age: _____

School: _____ Grade: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

FNIHB # (If applicable): _____

Treaty # (If applicable): _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ May I leave a message? Y ___ N ___

Home Phone: _____ May I leave a message? Y ___ N ___

Email: _____

What is your current reason/s for seeking help for the child?

Is the Child on any Medications (Name, dose, when did they start the med)?

Are there other resources involved in the child's care: (E.g. Psychiatrist, Family Doctor, Lawyers, CFS, School counsellor)

Referral Source: _____