Northwestern Ontario Métis Child & Family Services
Intake Form –Psychotherapy Services
Lynn (Wells) Slobodian, MACP
Registered Psychotherapist - CRPO

Name: _____ D.O.B.: _____

Date of Referral: _____ Preferred Appointment time: _____

Reason for Referral: _____

_____

Address: _____

Parent/Caregiver(s): _____

Telephone: (home)_____ (cell)_____

Email: _____

Best emergency contact (if different telephone) _____

Any Health conditions? YES NO Diagnosis: _____

Mental Health Diagnosis: _____

Medications: _____

Behavioural Issues: _____

Traumatic Events**:** _____

_____

Client Strengths: _____

_____

Challenges: _____

_____

Personal Supports: _____

CONSENT to PSYCHOTHERAPY SERVICES

I_____, the legal guardian of_____, hereby give consent to psychotherapeutic services with M. Lynn (Wells) Slobodian, MACP, Registered Psychotherapist. I am aware of informed consent, confidentiality, and the duty to report including sexual abuse, risk of harm by self, others, or harming others.

I _____, am hereby consenting to psychotherapy services with M. Lynn (Wells) Slobodian, MACP, Registered Psychotherapist. I am aware of informed consent, confidentiality, and the duty to report including sexual abuse, risk of harm by self, others, or harming others.

Additionally, I _____, give consent for Ms. Slobodian to communicate with the Northwestern Ontario Métis Child & Family Services Prevention and Preservation team to facilitate additional supportive services myself and/or child.

_____ _____

Signature of Client **Date**

_____

Signature of Custodian Parent (child under 12 years of age)