



CASA Centre
 10645-63 Ave NW
 Edmonton, Alberta T6H 1P7
 Phone: 780 410 8483
 Intake Fax: 780 435 6261

FAS TRACS (FASD Program) Intake Form Age: FAS TRACS: 3 – 17 years old

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 child 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 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 the Director, Human Resources and Administrative Services at 780 400 4554. The Health Information Act and/or Freedom of Information Act protects the privacy of this information.

Child's Full Legal Name (last name, first name, middle name)			
Alberta Health Care Number (required)	Date of Birth (Day-Month-Year)	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/>
Child's Current Complete Address:			

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 _____

Full Name _____

Please circle appropriate descriptors:

Please circle appropriate descriptors:

Biological Adoptive Step Foster Grandparent Other

Biological Adoptive Step Foster Grandparent Other

Family Status: Married Common-law Divorced Separated

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Address: 1. _____

Address: 2. _____

City 1. _____

City 2. _____

Postal Code: 1. _____

Postal Code: 2. _____

Home Phone: 1. _____

Home Phone: 2. _____

Alternate Phone: 1. _____

Alternate Phone: 2. _____

Who has legal custody? (please provide legal documentation if the family is no longer together) _____

List everyone living in the home: _____

Does this child receive services from Child and Family Services? (Please circle)

Yes

No

Services Received: _____

Case worker's name: _____ Phone Number: _____

Child's Guardianship Status (if applicable)

Permanent Guardianship Order: (PGO) ____ Temporary Guardianship Order: (TGO) ____ Expiry Date: _____

Interim Agreement: _____ Expiry Date: _____

Custody Agreement: _____ Expiry Date: _____

Please note that this child's guardian must sign this form before the referral can be accepted unless the intake was facilitated by a CASA staff member by phone.

Who referred this child / adolescent to CASA ? (Please Circle)

Parent Physician Teacher Glenrose 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?

Emotional well-being: _____

At home: _____

At school: _____

In the community: _____

When was this problem first noticed? _____

Is the child /adolescent currently using drugs or alcohol? (Please Circle) 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 child / youth is overusing specific activities? i.e. video games, food, pornography

Yes No Unsure

Has your child /adolescent ever been a victim of abuse: (Please circle) Yes No

If 'yes' what was the nature of the abuse: (Please circle)

Physical abuse Sexual abuse Emotional abuse Neglect Bullying

Has your child / youth ever experienced a traumatic event? (Please circle) Yes No

If 'yes' what was the nature of the event: (Please circle)

Witnessed violence Disaster/Accident (fire, car accident etc.) Death of a close family member/friend/pet

Other (please Specify): _____

Please complete the following:

Birth History

Before Delivery:

Was the biological mother healthy during the pregnancy? (please circle) Yes No

If 'no', please explain. Were there any complications such as depression, anxiety, diabetes, German measles (rubella), high blood pressure, medications?

At what month of gestation was the pregnancy confirmed? _____

What was the duration of the pregnancy? _____

Was there prenatal alcohol exposure? (please circle) Yes No Query

If 'yes', has there been confirmation of prenatal alcohol exposure by the biological mother? Yes No Unsure

Developmental History:

Please indicate if you had or currently have concerns with your child's development (eg. Walking, talking, toilet training)

Please indicate if you had or currently have concerns with the bonding/relationship with your child:

Has your child had any of the following assessments or interventions? If so, please mark the appropriate categories and include copies of the reports.

- Speech/language
- Occupational therapy
- Education
- Psychiatry/mental health
- Hearing/audiology
- Psychology/counselling
- Physical therapy
- Other (*please specify*):

Please add any other information regarding your child’s behavior that you feel would be important for us to know.

Intake facilitated by CASA staff by phone – no guardianship signatures required

 Signature of the person completing this form

 Date

Relationship to this child

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.

- **If both biological parents live together, only one parent is required to sign this form.**
- **In the case where the child's biological parents' are not living together, we require signatures from both parents unless sole custody has been defined and the legal documentation confirming sole custody is provided with this form.**
- **If guardianship involves Children’s Services, the child's Children's Services Worker is required to sign this form and must be present for the initial assessment at CASA.**

Signature of legal guardian

Relationship

Date

Signature of legal guardian

Relationship

Date