# Dependent Intake

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Website: www.dreamcatcherassociation.com

## Client Information

| NAME | DOB: MM/DD/YR | PRONOUNS |
|---|---|---|
| | | |

## Caregiver Information

| | | |
|---|---|---|
| NAME | | |
| ADDRESS | | |
| PHONE | #1) | #2) |
| EMAIL | | |

## Guardian Information

| | | |
|---|---|---|
| NAME | | |
| SOLE/JOINT GUARDIANSHIP | | |
| ADDRESS | | |
| PHONE | | |
| ALT. PHONE | | |
| EMAIL | | |
| RELATIONSHIP TO CLIENT | | |

Note –If the biological or same sex parents are together or the dependent is a ward of the province, a Guardianship Order is not needed. A Guardianship Order is required if:

- The biological or same sex parents have separated or the dependent is under the guardianship of an alternate person, such as adoption.
- One person has sole guardianship of the dependent.

If joint guardianship, *both* guardians must sign consent forms. If the parents are separated but both sign the consent forms, a Guardianship Order is not needed. A parent may not be on the birth certificate but still recognized as a guardian if they resided in the home for a minimum of 1 year and were parenting the child during that time. Please contact the office if you are unsure.

## Emergency Contact

| | |
|---|---|
| Name | |
| Number | |
| Relationship to Client | |

## Preferred Time of Day/Day of the Week

| | Mon | Tues | Wed | Thurs | Fri |
|---|---|---|---|---|---|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

## Booking

| | |
|---|---|
| Who is the best person to contact for booking appointments? | |
| Phone Number | |
| Relationship to Client | |

## Funding

| | |
|---|---|
| Please provide insurance/agency information if you would like us to attempt direct billing | |
| Please provide Treaty Number/Band Name if you would like us to attempt to direct bill ISC | |
| Please include any alternative coverage/funding here: | |

## Medical History

| | |
|---|---|
| Current Medications, Vitamins, Supplements, Melatonin, Birth Control: Please include current dosage and when it was prescribed. | |
| Medical Conditions: Please include physical conditions and/or any mental health diagnoses the dependent may have. Ex: asthma, heart murmur, ADHD, eczema, etc. | |
| Does the dependent have a compromised immune system? Are they sick easily? Any long-term illness? | |
| Do they have Down Syndrome? | |
| Do they have any cognitive impairments? | |
| Do they have any allergies? How are they managed? Do they require an EpiPen? | |
| Do they have any phobias? Ex: spiders, needles, snakes, etc. | |
| Are there concerns not listed? | |

## Reasons for Referral

In this box, please describe the reason your dependent is seeking therapy.

| Goals. What would you like to accomplish? |
|---|
| |

## Additional Information

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|---|---|
| Is there a history of animal abuse? Have they witnessed it? If yes, please explain: | |
| Have any assessments been completed in the past 2 years? Ex: Psych-Ed assessments or IPP/Service Plans. If yes, please email copies to info@dreamcatcherassociation.com | |
| Is there a psychiatrist? If yes, please provide their contact information | |
| Have they been in therapy before?<br>If yes, when was their last session, how often did they attend and for how long?<br>What type of therapy was it?<br>Was it helpful? | |
| Are there other therapists currently involved? If yes, please provide their contact information | |
| Are they open to therapy now? | |
| Have they ever been hospitalized for mental health reasons? | |
| Have they ever been admitted to a treatment facility? | |
| Any extra things we should know about them? Here you can list any likes, dislikes, strengths, weaknesses, hobbies, or interests. | |
| What therapeutic medium are you most interested in?<br>Animal Assisted*, Equine Facilitated Counselling*, EMDR, Art, Nature Assisted, Sandtray, Music, Talk, Play | *If choosing AAT or EFC, please note the first session is designed as a meet & greet with the animals. |
| How did you hear about us? | |

## Extra Information

| | |
|---|---|
| Is there anything else you would like to share? | |