## INTAKE FORM

## CLIENT INFORMATION

Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used to assist you. Please use the reverse side of the last page if you wish further space for any of the questions.

Client Name				
Date of Birth (day/month/year)				
Address				
City				
Postal Code				
Please do not include phone numbers at v	which you d	o not wish t	to be con	tacted.
Home phone	Work ph	ione		
Cell phone				
Occupation				
current Marital Status (Circle  a. Separated: Date of Separation  b. Divorced with Ghett: Date of Ghett  c. Civil Divorce (No Ghett): Date of Civil  d. Married: Date of Marriage  e. Widowed: Date of Loss	il Divorce	_		
Name of Spouse (Ex-Spouse)				
Our relationship is (Circle one of the foll	lowing)			
a. Amicable				
b. Conflictual				
FAMILY INFORMATION				
Name of child		Gender	Age	Living with you?Y/N

Name of child	_ Gender	Age	_Living with you?Y/N
Name of child	_Gender	Age	_Living with you?Y/N
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Name of child	_Gender	Age	_Living with you?Y/N
MEDICAL INFORMATION  List any present physical and mental health problem			
parenting etc)	Admpre. dea	, imaner	ar issues, nearth, doube, relationship,
SHUL AFFILIATION			
Shul:			
Name of Rav:			
Community Reference:			
Please describe the problems for which you are seel	king help:		

Vhich	of the following services are you interested in? (Please circle appropriate answer)
a.	Professional Counselling Support
b.	One on One Peer/ Friend Support
c.	Peer Support Group
d.	Legal Clinic/Referral
e.	Shabbos & Yomtov Arrangements
f.	Assistance with carpooling children
g.	Homework Club
h.	Babysitting
i.	Any other supports: Please Explain
j.	
What w	yould you like to see happen as a result of coming for help?

## Confidentiality

Everything disclosed will be held in strict confidence. Your information will never be shared with anyone outside of Tikvah Toronto unless there is a situation of danger to self or others or a court order or subpoena.

RECORD-KEEPING: Notes will be kept summarizing the main points in your disclosures with our staff and generally outlining the process you have taken towards achieving your goals. Notes are kept in a safe place where others cannot have access to them. Tikvah Toronto aims to provide comprehensive team based care. During your

involvement a team member may need to consult about your case with an outside person. We will ask for a consert to be signed prior to any disclosures.	ıt