Primary Assessment/Intake

Client Information

Name of Youth: _____Preferred Name: _____

Gender: Male ☐ Female ☐ Date of Birth: Y _____ M _____ D_____

Gender Identification/Sexual Orientation: _____

Height_____ Weight_____ Eye Color_____

Hair Color_____ Hair Length_____

Allergies_____

Home Community: _____Band_____

Spiritual Belief: _____Ethnicity: _____

Treaty Number: _____ Health Care Number: _____

School_____ Grade_____

Youth Cell Number_____ Referral Source: _____

Social Worker: _____Phone Office_____

Cell_____Email_____

Fax_____ Status of Youth: TGO☐PGO☐Other☐

Emergency Procedure /AWOL on call number:

Degree of risk youth is presently at:

Low Med. High

1 2 3 4 5 6 7 8 9 10

Presenting Issues:

_____

_____

_____

_____

Urgent Needs (including suicide and violent risk):

_____

_____

_____

_____

Special Needs/accommodations:

_____

_____

_____

Degree of family support for youth:

Low Med. High

1 2 3 4 5 6 7 8 9 10

Current Placement

Name: _____ Address: _____

Phone Number: _____ Length of Stay: _____

Goals Achieved at Placement:

_____

_____

Reason for leaving:

_____

_____

_____

FAMILY SYSTEM:

Status of parents: Married ☐ Cohabitating ☐ Divorced ☐ Separated ☐

Mother: _____ Phone Number: _____

Culture: _____ Ethnicity: _____ Spiritual Beliefs: _____

Nature of relationship: _____

Is she a support to youth: _____?

Contact Restrictions: _____

Presenting Problems (Needs, abilities, strengths):

_____

_____

_____

Medical History:

_____

_____

_____

Behavioral Health History (Mental Health Issues):

_____

_____

_____

Legal History:

_____

_____

_____

History of Abuse Yes ☐ No ☐ History of Trauma Yes ☐ No ☐

History of Neglect Yes ☐ No ☐ History of Violence Yes ☐ No ☐

Educational and Employment History:

_____

_____

_____

Father: _____ Phone Number: _____

Culture: _____ Ethnicity: _____Spiritual Beliefs: _____

Nature of relationship: _____

Is she a support to youth_____?

Contact Restrictions: _____

Presenting Problems (Needs, abilities, strengths):

_____

_____

_____

Medical History:

_____

_____

_____

Behavioral Health History (Mental Health Issues):

_____

_____

_____

Legal History:

_____

_____

_____

History of Abuse Yes ☐ No ☐ History of Trauma Yes ☐ No ☐

History of Neglect Yes ☐ No ☐ History of Violence Yes ☐ No ☐

Educational and Employment History:

_____

_____

_____

Siblings (Name, Age, nature of relationship, contact info if appropriate):

Name Age Relationship

_____

_____

_____

_____

_____

_____

_____

Who has been the primary caregiver?

Both Parents ☐ Mother ☐ Father ☐ Grandparents ☐

Step-Parent ☐ Adoptive Parent ☐ Foster Parent ☐ Other ☐

Who is the present caregiver?

Both Parents ☐ Mother ☐ Father ☐ Grandparents ☐

Step-Parent ☐ Adoptive Parent ☐ Foster Parent ☐ Other ☐

How many caregivers did the youth have during the first five years of his/her life? _____

How many caregivers has the youth lived with in total? _____

Has the youth reached all his milestones? _____

How many times has the youth been relocated geographically since birth? _____

Have there been any recent loses in the clients' life? (Family, friends or pets)

Yes ☐ No ☐

If Yes – Who passed away and when?

1._____

2._____

SCHOOL:

Present school's Name: _____

Contact Name: _____Phone Number: _____

How long? _____

Outreach Program or Correspondence Program _____

How long? _____

Last completed Grade? _____

Grades failed? Yes ☐ No ☐

If Yes – What grades _____

Marks obtained at school? Below Average ☐ Average ☐ above Average ☐

Acting out behaviors at school?

None ☐ Skipping Classes ☐ Aggressive Behavior ☐

Defiant Attitude ☐ Verbally Aggressive ☐

History of learning difficulties? Yes ☐ No ☐

Past diagnosis of a learning disorder? Yes ☐ No ☐

If Yes – Please explain: _____

EMPLOYMENT

Contact Name: _____ Phone Number: _____

Length of time in employment: _____

How is your attendance at work: _____?

HEALTH:

Is there a past history of physical illness? Yes ☐ No ☐

If Yes - Please explain: _____

_____

_____

Are there any present developmental delays, handicaps or health problems?

Yes ☐ No ☐

If Yes – Please explain: _____

_____

_____

When was youths last?

Medical: _____

Dental: _____

Optical: _____

Name of Physician: _____Phone: _____

Address: _____

Name of Dentist: _____ Phone: _____

Address: _____

Name of Optometrist: _____ Phone: _____

Address: _____

Any concerns re: vision, speech, hearing, other:

_____

_____

_____

Current Medication (name, when, amount, how often, efficacy of meds)**:**

_____

_____

_____

Past Medication (name, when, amount, how often)**:**

_____

_____

_____

Has the youth received counseling? Yes ☐ No ☐

If Yes Please explain:

_____

_____

_____

_____

Name of Therapist: _____ Phone: _____

Last appointment: _____ Next

Appointment:_____

Concerns re: fire setting, cruelty to animals, life stress, others:

_____

_____

_____

Was the youth exposed to pre-natal drinking by mother? Yes ☐ No ☐

Any history of depression? Yes ☐ No ☐

Any history of self-harming thoughts? Yes ☐ No ☐

Any history of self-harming behaviour? Yes ☐ No ☐

If yes – How many times: _____

Date of the most recent: year _____ month _____ day _____

If yes to the above is a Safety Plan in place: Yes ☐ No ☐

Immunization:

When was youth last immunized: _____

When is youth do for next immunization: _____

Self:

Has the youth experienced difficulty in any of the following areas?

1. Poor social skills. Yes ☐ No ☐
2. Low self-esteem Yes ☐ No ☐
3. Pregnancy Yes ☐ No ☐
4. Developmental delays. Yes ☐ No ☐
5. Aggressive behavior Yes ☐ No ☐
6. Eating problems. Yes ☐ No ☐
7. Conflict with parents Yes ☐ No ☐
8. Prostitution Yes ☐ No ☐
9. Sleeping problems. Yes ☐ No ☐
10. Problems with anger. Yes ☐ No ☐
11. Running away Yes ☐ No ☐
12. Neglect Yes ☐ No ☐
13. Trauma Yes ☐ No ☐
14. Physical abuse Yes ☐ No ☐
15. Sexual abuse Yes ☐ No ☐
16. Grief issues. Yes ☐ No ☐
17. Self-mutilation Yes ☐ No ☐
18. Attention deficit concerns. Yes ☐ No ☐
19. Bullying Yes ☐ No ☐
20. Being Bullied Yes ☐ No ☐

SOCIAL/LEISURE:

What sporting activities does the youth enjoy?

_____

_____

What hobbies does the youth engage in?

_____

_____

What food likes and dislikes does the youth have:

_____

_____

Does the youth develop friendships easily? Yes ☐ No ☐

Does the youth have a lot of friends? Yes ☐ No ☐

Does the youth have any close friends? Yes ☐ No ☐

Does the youth argue with peers? Yes ☐ No ☐

Does the youth get into fights easily? Yes ☐ No ☐

Does the youth hang out with friends who get into trouble? Yes ☐ No ☐

Has the youth engaged in sexual activity? Yes ☐ No ☐

Is the youth in need of social supports? Yes ☐ No ☐

CULTURAL:

Is the youth aware of his/her cultural heritage? Yes ☐ No ☐

Does the youth participate in cultural activities? Yes ☐ No ☐

Does the youth's family practice their cultural beliefs? Yes ☐ No ☐

Are there any specific restrictions about cultural teachings the program should be aware of? Yes ☐ No ☐

If Yes – Please explain:

_____

LEGAL:

Does the youth have a history of legal charges or arrests? Yes ☐ No ☐

If Yes – Please list:

1. _____

2. _____

Is there any present involvement with the police or legal system? Yes ☐ No ☐

If Yes – Please explain:

_____

_____

_____

Probation Order: Yes ☐ No ☐

If Yes - What are the conditions:

_____

_____

_____

_____

Probation Officer: _____ Phone: _____

Does the youth have any legal charges against them at the present time? Yes ☐ No ☐

If Yes – Please list:

1. _____

2. _____

Next Court Date: _____

At what age did the youth start demonstrate delinquent behavior? Age ____

Is the youth prone to peer pressure? Yes ☐ No ☐

DRUGS, ALCOHOL AND TABACCO:

How many times has the youth used drugs? Never 1-2 3-5 6-9 10-19 20 +

How many times has the youth used alcohol? Never 1-2 3-5 6-9 10-19 20+

Does the youth smoke? Yes ☐ No ☐

Does the youth E-smoke/Vapor? Yes ☐ No ☐

How often does the youth abuse substances?

Daily ___ Weekends ___ Times/Month ____ Minimal ____

Which of the following would you classify the youth with regards to their substance use?

Experimenter ☐ Has a Substance Problem ☐ Substance Dependent ☐

Type of substance used:

_____

_____

Intravenous drug use Yes ☐ No ☐

Risk taking behaviors Yes ☐ No ☐

Do members of the youth's family abuse substances? Yes ☐ No ☐

If Yes – Please list who does: Family Member 1. _____

2._____

3. _____

Youth has the following documents:

- Government Picture ID
- S.I.N. Card
- Birth Certificate
- Alberta Health Care Card
- Treatment Service Card
- Treaty Number or Card
- Bank Account

When was the last time youths clothing needs were updated: _____?

Any other comment:

SUBMIT