



SHUSWAP FAMILY CENTRE

INTAKE FORM

A donation of \$20 to \$50 to the Shuswap Family Centre is recommended so that we may continue providing essential services, like this, to the Community.

Donations over \$10 will be issued a tax receipt upon request.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

RECEIVED BY: _____

- CHILD & YOUTH MENTAL HEALTH
- SAIP
- COMMUNITY COUNSELLING

SEEKING SERVICES FOR: Self Child Other

CONTACT INFO		
Name:	Parent's name (if you are a minor):	
Phone:	Cell:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Best way to contact: <input type="checkbox"/> email <input type="checkbox"/> phone	
Address:		
GENERAL INFO		
How did you hear about our services?	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Have you ever received counselling? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Age:	
Are you currently receiving professional counseling or psychotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other agencies involved:	
What is your main concern?		
Do you feel your spiritual or religious beliefs are relevant to your counselling needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER COMMENTS:		