



KalenMarquis.com
 Therapist-Educator-HumanBean
 Registered Clinical Counsellor

#102-258 Sixth Street, New
 Westminster, BC,
 Canada V3L 0G6

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Text: 778-994-7570

COUNSELLING INTAKE & INFORMED CONSENT

Child's Name: _____ Gender: _____ Age: ____ DOB: (m/d/yr) _____
 Address: _____
 Grade: _____ School: _____

Sibling Name: _____ Gender: _____ Age: _____
 Sibling Name: _____ Gender: _____ Age: _____
 Sibling Name: _____ Gender: _____ Age: _____

Parent/Guardian Name: _____ Tel: _____
 Contact Email: (please print in capitals) _____
 Address: _____

Parent/Guardian Name: _____ Tel: _____
 Contact Email: (please print in capitals) _____
 Address: _____

PRIMARY GUARDIAN CONTACT: _____
 Phone: _____ Email: _____

EMERGENCY CONTACT NAME: _____ Tel: _____

CUSTODY: 2 parent SP/mom SP/dad Co-Parents (joint) InCare WithRelative/Friend Ind living
 Language(s) spoken at home: _____
 Previous counselling involvement: _____

Child's Doctor Name: _____ Contact Tel: _____

Referred by (if applicable) _____
 How did you hear about Kalen Marquis, RCC: _____

Open file with MCFD/Child&Youth Mental Health: yes/no
Does social worker/counsellor want contact with counsellor? yes/no
Name: _____ Contact Tel: _____
Contact Email: _____

Open file with police? yes/no
Name: _____ Contact Tel: _____
Contact Email: _____

Other contacts or referrals for support made? (counsellor, psychologist, psychiatrist, paediatrician, neurologist, occupational therapist, tutor, special educator/assistant, ABA, etc.)

Presenting Concern:

Hope/Wish/Dream:

School Concerns:
Has the child/youth been diagnosed or suspected of having:
Anxiety Depression FASD ADD ADHD ASD Speech &Language Disorder
Intellectual Challenges Sensory Processing Disorder Other: _____

CLIENT CONFIDENTIALITY: I understand the limits to client confidentiality as outlined on the website and in greater detail on the attached forms but mentioned briefly below.
Counsellors, teachers, and all adults have a duty to report and warn in all instances of:

- 1) child abuse or neglect
- 2) self-harm
- 3) harm to others

Occasional Email Contact Between Sessions (note, quotation, encouragement): **yes/ no**
Greetings in Public Places: **yes/no** (*usually leave it up to client(s) to initiate)
Subscribe to private (bcc) group email list for Kalen Marquis **yes/no** or Kwil.Club **yes/no**
Signed Informed Consent required from BOTH parents/legal guardians.

Guardian Signature x _____ Date: _____

Guardian Signature x _____ Date: _____

Child/Youth Signature: x _____ Date: _____

THE FOLLOWING CHART IS VERY HELPFUL BUT OPTIONAL

Please share any information that will help me to understand and assist your child.



I also like to share resources that may assist the entire family when possible.



0= no problem 1=minor problem 2=moderate problem 3=serious problem x = not applicable

PLEASE FEEL FREE TO ADD, CIRCLE, UNDERLINE OR CROSS OUT WORDS AS NEEDED.

	PERSONAL	ROUTINES & SOCIAL SKILLS	FAMILY CIRCUMSTANCES
2	<i>Example</i>	Getting Up/Dressing	Custody/Visitation/Blended Family
	Hydration/Nutrition/Appetite	Eating (food choice, manners)	Family Conflict/Stress/Violence
	Sleep	Hygiene/Grooming	Culture/Immigration/Refugee
	Exercise	Following Instructions/Rules	Finances/Job Loss
	Fine/Gross Motor Control/Sensory		Long Work Days/Childcare
	Health Concern: _____	Dawdling/Taking Too Long	Relocation/Moves/Change
	Speech Problem: _____	Organizing Belongings	Parenting Support Needed
	ELL, First Language: _____	Bedtime (going to and staying in bed)	Financial Support Needed
	Learning Concerns: _____	Chores (remembering and doing)	Community Support Needed
	Self-Esteem, Self-Care, Motivation	Taking Pride (learning, helping, doing, setting goals)	Grief/Loss/Change
	Self-Regulation (managing emotions)	Doing Homework/Nightly Reading	Traumas/Setbacks
	Anxiety, Stress, Worry	Taking Care of Own Room	Family Health: _____
	Sadness, Pessimism, Negativity	Respecting Common Areas	Family Resources: Anxiety
	Lacking Attention, Focus, Self-Control	Riding in Car/Transit	Family Resources: Depression
	Temper, Anger, Upset, Frustration	Sibling Conflicts/Behaviour in Public	Family Resources: Addiction
	Attention-Seeking, Disturbing	School Attendance/Lateness	Family Resources: Gaming/internet
	Flexible Thinking, Adapting to Change	Cooperation, Sociability	OTHER AREAS (write below)
	Independence & Resilience	Empathy, Perspective Taking	1.
	Fears: _____	Playing Fair, Taking Turns	2.
	Habits: _____	Peaceful Problem Solving	3.
	Behaviour: _____	Making & Keeping Friends	4.
	Character & Trust (lie, cheat, steal)	Screen Time Use (gaming, internet)	5.