



Connections WA

Connections WA, Young Person Intake Form

Please complete the following intake form and provide as much information as possible, to help us outline the young person's needs for assessment and therapy services. Leave blank any question you would rather not answer or would prefer to discuss in session.

ABOUT YOU

Parents/Guardian's/Referrers,

Full Name:.....

Your relationship to the young person: () Biological () Step () Adopted () Foster () Other
.....

Phone numbers: Mobile/Work:.....

Email:

Home Address:

Do you have sole legal custody of the above young person? () Yes () No

Is the absent Parent/Guardian agreeable to the young person accessing Connections WA?

Yes () No () N/A. Are there any legal issues we need to be aware of? () Yes () No. If so, please detail:.....
.....

Please provide copy of the custody/parenting plan if applicable. Is this provided: () Yes () No

ABOUT THE YOUNG PERSON

Young person's Name:DOB:Age:.....

Mobile Phone number:Gender:.....

Grade: School/Uni:.....

Home Address/s:

IMMEDIATE CONCERNS

Reason(s) for seeking counselling/psychology/occupational therapy?
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.....
.....

When did the problem(s) begin as far as you know?
.....
.....

Are there any significant changes in the home and/or in the child's life that have happened in the last 2 years?

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.....

What do you hope to gain from Connections WA?

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BIRTH AND DEVELOPMENTAL HISTORY

Birth Mother's health (if known). Medical complications during pregnancy: () Yes () No
During pregnancy: Mother take alcohol/drug use () Yes () No
Labour Complications: () Yes () No
Premature: () Yes () No
Any mental health issues or diagnosis?:

SOCIALIZATION and SENSORY

Do you have concerns for your child's social skills? () Yes () No
Do you have concerns for your child's sensory issues? () Yes () No
Comments:.....
.....
.....

EDUCATIONAL HISTORY

How many schools has your child attended to date, please list:
.....
.....
.....
Has your child ever received support from an education assistant or private tutor?: Yes/No
.....
Do you or the school have any academic concerns? () Yes () No:
.....

Have you provided the last 2 years school reports? () Yes () No
*If accessing the educational psychologist, we will require the following: Last 2 years school reports, NAPLAN results, outcomes of school standardised tests, a letter from the school outlining concerns. Any other professional reports. You can upload these to Halaxy (preferred) or bring them with you on the day.

FAMILY MEMBERS and MENTAL HEALTH HISTORY

Please list siblings:

Name: _____ Age _____ Gender ____ () Home () Away () Biological () Step
Name _____ Age _____ Gender ____ () Home () Away () Biological () Step
Name _____ Age _____ Gender ____ () Home () Away () Biological () Step
Name _____ Age _____ Gender ____ () Home () Away () Biological () Step

Do any of your other children have any special concerns or issues?

.....
.....
.....

Has anyone in your family (either immediate family members or relatives) experienced difficulties with Mental health or have any diagnosis?

.....
.....
.....

List three areas of strength of your son/daughter:

1:.....
2:.....
3:.....

What interests does your son/daughter have:

.....
.....

Is there anything else that you feel the therapist should be aware of?

.....
.....
.....
.....

Name and Signature of person completing:

Name:Signature:Date :
Name:Signature:Date :

Thank you for completing this intake form. This information enables your therapists to obtain information quickly so that we can use our time more effectively together in session.

The Connections WA team.