



# INTAKE FORM – COUNSELLING & GROUPS

DATE OF INTAKE: .....

FILE #: .....

### Referral:

1.  Self Referral  Mandated  Pending Charges  Other (Specify) ..... If referred, name of Person/Organization? .....
2. Where did you hear about MAPS Program? .....
3. What is your reason for wanting to be in MAPS Program:  
.....  
.....  
.....

### \*\* important during assessment and or screening\*\*

Would you like to invite family members or natural support?  Yes  No

### Personal Information

4. Last Name: ..... First Name: ..... Middle Initial: .....
  5. Date of Birth: yyyy/mm/dd..... Age at last birthday: ..... Place of Birth: .....
  6. Country: ..... Province: ..... Territory: .....
  7. Address: ..... City/Town/Community: ..... Province: .....
  8. Postal Code: ..... Phone #: ..... Alternate Phone #: .....
  9. Social Insurance Number (SIN): .....
  10. Email Address: ..... Preferred Mode of Communication: .....
  11. Gender Identity: ..... Pronouns: .....
  12. Females, any chance you are pregnant:  Yes  No If yes, how far along are you? ..... Weeks
  13. Ethnic Background:  African  Asian  European  North American Indian  
 Middle Eastern  Metis  Inuit  Indigenous  Other (Specify) .....
- \*If an Immigrant: How long have you been in Canada? ..... Country of Origin: .....
- \*If Indigenous, are you:  Status  non-Status
- \*If Status: Band ..... Treaty #: .....
- On Reserve  Off Reserve  Other (Specify) .....



14. Emergency Contact Person (i.e., spouse, parent, sibling, social worker, etc.)

Name: ..... Relationship: .....

15. Address: ..... Phone#: ..... Email: .....

16. Language preference .....

**Education**

17. Level of education completed: (CHECK ALL THAT APPLIES TO YOU)

\_\_\_ Grade 8 or under \_\_\_ Grade 9 to 11 \_\_\_ Completed High School/GED \_\_\_ Modified Grade 12  
\_\_\_ Some University \_\_\_ Some Trade School/College \_\_\_ Completed Trade School/College \_\_\_  
Apprenticeship \_\_\_ Completed University \_\_\_ Other (Specify) .....

\*If you did not complete High School, why? .....

\*Would you consider going back to school or learn a trade? \_\_\_Yes \_\_\_ No

If yes, what? \_\_\_ Complete High School \_\_\_ Learn a trade, what kind? .....

**Employment**

18. Current Status: (CHECK ALL THAT APPLIES TO YOU)

\_\_\_ Unemployed \_\_\_ Retired \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Self Employed (FT) \_\_\_ Self  
Employed (PT) \_\_\_ Seasonal \_\_\_ Casual \_\_\_ Apprenticeship \_\_\_ Student \_\_\_ Homemaker  
\_\_\_ Unable to work \_\_\_ Other (Specify) .....

**\*If unemployed, please answer questions 19 to 21**

19. Would you consider seeking employment? \_\_\_Yes \_\_\_ No

If yes, what type? \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Casual \_\_\_ Seasonal \_\_\_ Other (Specify) .....

20. What kind of skill do you have? .....

21. What type of work would you like to do? .....

**Family and Relationship Information**

22. Current Marital Status: \_\_\_ Married \_\_\_ Never Married \_\_\_ Common-Law \_\_\_ Separated  
\_\_\_ Divorced \_\_\_ Dating \_\_\_ Single \_\_\_ Open Relationship

\*If in a relationship (Partner/Spouse name) ..... Phone #: .....

\*Length of Relationship: ..... Ethnic Background of Partner: .....

\*If separated, how long have you been ..... If divorced, how long have you been: .....

\*Is your Partner receiving counselling: \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

\* Is there a restraining, no communication, no contact order?  Yes  No

23. How many long-term relationships have you had since your 18th birthday? .....

24. What is the length of the current relationship (if currently in a relationship)? .....

25. Was there abuse in any of your previous long-term relationship?  Yes  No

\*If yes, what type of abuse(s) (Specify): .....

26. Do you have children?  Yes  No  Not Sure

\*If yes, how many? .....

27. Is there any Child and Family Services (CFS) involvement regarding any of your child(ren)?  Yes

No If yes, is it?  Current  Past

28. What is or was the reason for involvement with CFS?

\*If current, Which Agency? ..... Office Address: .....

\*What is the name of the worker? ..... Contact number: .....

29. Do you have child(ren) in care?  Yes  No If yes, how many? .....

30. What are the ages of your children in years (CHECK THE AGE GROUPS THAT IS APPLICABLE)

0 – 3  4 – 6  7 – 9  10 – 12  13 -15  16 – 18  18+

31. What are the ages of your children in care in years? (CHECK THE AGE GROUPS THAT IS APPLICABLE)

0 – 3  4 – 6  7 – 9  10 – 12  13 -15  16 – 18  18+

32. Have you ever fought in front your child(ren)?  Yes  No

33. Have you ever fought with your partner or any other person when you believed your child(ren) is asleep?

Yes  No

34. Have you every display abusive behaviour towards your spouse or any other person in front of your child(ren)?  Yes  No

35. Have you every display abusive behaviour towards your spouse or any other person when you believed your child(ren) is asleep?  Yes  No

36. Have your partner or any other person in the home displayed visible injuries due to abuse, while the child(ren) are present in the home?  Yes  No

**Mental Health**

37. Have you ever experienced learning disability?  Yes  No

38. Have you ever experienced mental health condition?  Yes  No

39. Are your currently experiencing mental health condition(s)?  Yes  No



40. If yes, which of the following conditions do you struggle with? (CHECK ALL THAT IS APPLICABLE TO YOU)

- ADD/ADHD  Anxiety Disorder  Autism Spectrum  Bipolar Disorder  Depression
- Borderline Personality Disorder  Dyslexia  Fetal Alcohol Spectrum  OCD
- Panic Disorder  Personality Disorder  Post-Traumatic Stress Disorder
- Psychosis  Schizo-Affective Disorder  Schizophrenia  Social Anxiety
- Not Sure  Other (Specify) .....

41. Have you ever been diagnosed with any mental health condition or learning disability?  Yes  No  
 Not sure

42. What was or is your diagnoses? Please list .....

43. Have you ever been hospitalized because of your mental health condition?  Yes  
 No  Not sure

44. Have you ever attempted suicide?  Yes  No If yes, when, list the date(s)? .....

45. Do you have suicide ideation(s)?  Yes  No

If yes, when was the last time, list the date? (yyyy/mm/dd) .....

46. Has any one in your family died by suicide?  Yes  No If yes, when date? .....

47. Have you ever self harm?  Yes  No If yes, what type? .....

48. Do you believe you have anger management deficit?  Yes  No

\*f yes, have you received counselling before?  Yes  No

\*If yes, where? ..... When? (yyyy/mm/dd): .....

**Physical Health**

58. Do you have any physical illness?  Yes  No

59. Are you currently receiving treatment?  Yes  No Specify: .....

60. How often do you receive treatment? .....

61. Do you have any Physical DisABILITY:  Yes  No Please list: .....

62. Do you have any allergy?  Yes  No If yes, what kind  
.....

63. Do you have a terminal illness? (HIV, cancer, etc.)  Yes  No If yes, what kind .....

64. Do you have any current illness?  Yes  No

65. If yes, are you on currently taking medication?  Yes  No

**Criminal Justice Involvement**

66. Have you ever been charge for a criminal offence, since age of 18 years old?  Yes  No  
 \*If yes, please check or list charge(s) that are applicable.  
 Theft  Break & Enter  Drug Possession  Trafficking  Solicitation  
 Home Invasion  Robbery  Assault (Domestic)  Assault Causing Harm  
 Aggravated Assault  Sexual Assault  Sexual Interference/Molestation  
 Murder  Manslaughter  Car jacking  Drug Dealing  Other .....
67. Have you ever been incarcerated after conviction?  Yes  No If yes, when? .....
68. Do you have any pending court appearances?  Yes  No  
 \*If yes, list charge(s)? .....
69. Are you currently on  Probation  Parole? When does the order expires? .....
70. What are the conditions of you probation? (CHECK ALL THAT IS APPLICABLE)  
 No contact with victim  Abstain from alcohol/drugs  Alcohol/substance use treatment or counselling  Weapon prohibition  Other (Specify) .....
71. What is Probation/Parole Officer's name? ..... Contact #: .....
72. Is there a protection order against you?  Yes  No If yes, date .....
73. Have you ever been charged for breaching a court order?  Yes  No If yes, date .....
74. Have you been charged for driving under the influence of alcohol or any other substance(s)?  
 Yes  No If yes, how many charges? .....
75. Is your license currently suspended?  Yes  No
76. Did you commit the criminal act while you were intoxicated?  Yes  No
77. Have the police been called to your home because of domestic violence?  Yes  No  
 \*If yes, how many time? .....
78. Have you ever been charged with assault or related offences because of domestic violence?  
 Yes  No If yes, when? (yyyy/mm/dd) .....
79. Have you ever been convicted or plead guilty to charge(s) related to domestic violence?  Yes  No
80. Have you ever used violence against an adult outside of your family?  Yes  No

\* If yes, please list date(s) .....

81. Have you ever used violence against a youth outside of your family? \_\_\_ Yes \_\_\_ No

\*If yes, please list date(s) .....

82. Have you ever been charged or convicted for violence against an adult outside of your family?

\_\_\_ Yes \_\_\_ No If yes, please list charges and date(s) .....

83. Have you ever been charged or convicted for violence against a youth outside of your family?

\_\_\_ Yes \_\_\_ No \*If yes, please list charges and date(s) .....

84. Have you ever been charged for sexual assault? \_\_\_ Yes \_\_\_ No If yes, what is the date: .....

85. Have you ever been charged for sexual interference?

\_\_\_ Yes \_\_\_ No If yes, what is the date: .....

86. Have you ever been charged with arson? (ie, deliberately setting fires to property to cause damage or endanger life)? \_\_\_ Yes \_\_\_ No

87. Are you the owner of firearm(s)? \_\_\_ Yes \_\_\_ No

88. Do you have access to firearm(s)? \_\_\_ Yes \_\_\_ No

89. Do you own or have access to any other form of weapon or explosive? \_\_\_ Yes \_\_\_ No

\*If yes, what type? .....

**Gang Involvement**

90. Have you ever been affiliated with a gang? \_\_\_ Yes \_\_\_ No

91. Are you currently affiliated with a gang? \_\_\_ Yes \_\_\_ No