

Prairie Institute of Expressive Arts Therapy
Carmen Richardson Counselling
1528 12th Ave SW
Calgary, AB T3C 0P9

Client Intake Form - Minor

Date of Referral: _____

Referring Person/Agency: _____ Phone: _____

Client Name: _____ Age: _____ DOB: _____

Mother Name: _____ Age: _____ DOB: _____

Father Name: _____ Age: _____ DOB: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____

Family Doctor: _____ Phone: _____

Please list any major health concerns: _____

Is the child/youth presently on any medications? Yes ___ No ___

If yes, name of medication(s), purpose and amount: _____

Reason For Referral:

CONSENT FOR TREATMENT OF A MINOR: If your child is under the age of 18 years, permission is required from a guardian. If you are currently separated or divorced from the minor's other parent, the other parent must be notified and give consent for treatment.

I/we have read, understood and agreed to the terms and conditions outlined in this Client Intake Form, (please sign where applicable)

Client/Legal Guardian: _____

Date: _____