



PARTNERS PROGRAM INTAKE FORM

Your First & Last Name		Date:	
Address:			
Home Phone:		Work Phone:	Cell Phone:
Email Address:			Age:
Where did you hear about The Gatehouse?			Birth Date:
What made you decide to attend the Partner's Program?			
What do you hope to get out of the One-Day partner's workshop experience?			
Is your partner currently attending, or has completed a Phase 1 or Phase 2 Gatehouse Program?			
Have you and your partner attended any groups in the past together?			
Are you currently working or in school?			
Family (Origin/History) – Do you have any children? If yes, how many, names & ages?			
Are you a survivor of sexual abuse as well?			
If you answered “yes” to the question above, did you tell anyone about your experience? If yes, what was that like for you? Did they believe you? If you answered “no,” please answer the next question. Thank you.			
If you answered “yes” to the question above, what is your comfort level in discussing the abuse? Please circle one of these responses:			
Very Comfortable		Comfortable	Not Comfortable

The Gatehouse Child Abuse Investigation & Support Site
3101 Lake Shore Blvd. West,
Etobicoke, ON, M8V 3W8
Tel: 416-255-5900
Fax: 416-255-7221
Website: www.thegatehouse.org

What are some positive and/or negative coping strategies? What do you do to help relieve the stress? Do you have any hobbies? If yes, what are they?

What are your strengths?

Homophobia / Transphobia? (*Please type in your response below, thank you*)

Please note: The Gatehouse is a safe and inclusive space.

Please add a check mark or an “x” below where applicable to your life experiences. Thank you.

	Past	Present	No concerns
Suicidal ideation			
Suicide attempts			
Hospitalization(s)			
Self-harm behaviors			
Eating disorders			
Substance abuse			
Dissociative identity disorder			
Partner abuse			
Significant medical health problems or any allergies?			
Medication(s)			
Are you planning to attend a future One-Day Gatehouse Partners’ Workshop? (<i>Please Note: The Gatehouse One-Day Partners’ workshops are presently cancelled due to COVID-19.</i>)	Yes	No	Not Applicable
Will you be attending the next online Partner’s Only Bi-Monthly Meeting(s)? If yes, please type in the date(s) in the “yes” field, and kindly highlight the “yes” word. Thank you.	Yes		No
Where did you hear about The Gatehouse One-Day Partners’ Workshops and/or Partners Only online Bi-Monthly Meetings?			

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For The Gatehouse Staff to complete below:

Partner's Program Coordinator Notes:

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