



The Gatehouse & Limits of Confidentiality

Good day,

Thank you for coming in for an intake at The Gatehouse. It takes a great deal of courage to take the steps into your journey of healing.

Everything that you say during the intake process is private and confidential. However, there are some limits to confidentiality which apply to the intake and all peer support group program processes (intakes, groups, one on one support, training and other workshops).

Limits to confidentiality include:

1. If the facilitator(s) feel you are going to harm yourself or someone else.
2. If the facilitator(s) feels you are going to harm or have harmed a child (e.g., child abuse and/or neglect).
3. If there is a legal case, whereby the courts request information.

Additional

4. If the participant (you) requests that your information be shared with a third party (therapist, family doctor, psychiatrist courts/probation). A third party disclosure as indicated in #4 may only occur with a signed consent to release information Forms for this purpose are available in the office.

After you have read and understood the above section regarding confidentiality and its limits, please fill out your information below.

Please advise The Gatehouse staff if you have any questions regarding limitations of confidentiality listed above.

Please print first and last name

Participant Signature

Date

	<ul style="list-style-type: none"> ○ Other _____ 																					
<p>Source of Referral: Where did you hear about Gatehouse?</p> <ul style="list-style-type: none"> ○ Friend ○ Web/Google ○ Hospital ○ Therapist/Psychiatrist/Psychologist ○ Police ○ Family Doctor ○ Social Worker/Counsellor ○ Self-Referral ○ Family member ○ Facebook/Twitter/social media ○ Other _____ 	<p>What do you hope to get out of the Group experience? (check as many that apply)</p> <ul style="list-style-type: none"> ○ Looking for ways to connect with others/feeling less isolated ○ Work on relationships ○ Address my emotions ○ Learn healthier coping strategies ○ Address flashbacks ○ Address triggers ○ Feel safer expressing myself ○ Peer support ○ Other _____ 																					
<p>Do you have any significant medical health problems? Yes _____ No _____</p>																						
<p>Have you ever committed sexual abuse onto others? Yes ____ No ____</p> <p><i>Our peer support groups are for survivors of childhood sexual abuse. If you have committed sexual offenses and/or have present or past sexual offending behaviour you will not be permitted in the group programs. Persons with a dual history (who are survivors and have also sexually offended upon another person) will be referred to another group program in the community.</i></p>	<p>Have you ever physically assaulted someone? Yes ____ No _____</p> <p><i>If you answered yes, please provide a brief overview of incident:</i></p>																					
<p>Past + Present Service/group History (check as many that apply)</p> <ul style="list-style-type: none"> ○ Previously attended a group for survivors of childhood sexual abuse ○ Previously attended individual therapy ○ Currently seeing a therapist/psychotherapist/counsellor ○ Currently seeing a psychiatrist ○ Never been to a survivor group - this would be my first experience. ○ Have attended addictions support group ○ Currently attending addictions support group ○ Other _____ 																						
<p>What are/were some of the ways you cope with the sexual abuse? (check as many that apply)</p> <table border="1"> <thead> <tr> <th>Coping Strategy</th> <th>Past</th> <th>Current</th> </tr> </thead> <tbody> <tr> <td>Avoidance/denial</td> <td></td> <td></td> </tr> <tr> <td>Dissociation/state of being disconnected</td> <td></td> <td></td> </tr> <tr> <td>Isolation</td> <td></td> <td></td> </tr> <tr> <td>Alcohol use</td> <td></td> <td></td> </tr> <tr> <td>Drug use</td> <td></td> <td></td> </tr> <tr> <td>Self-harm behaviours (e.g., Cutting, burning, skin picking, hair pulling etc.)</td> <td></td> <td></td> </tr> </tbody> </table>	Coping Strategy	Past	Current	Avoidance/denial			Dissociation/state of being disconnected			Isolation			Alcohol use			Drug use			Self-harm behaviours (e.g., Cutting, burning, skin picking, hair pulling etc.)			<p>Mental Health/Psychiatric diagnosis: (please check any that apply)</p> <ul style="list-style-type: none"> ○ PTSD ○ Depression/Major Depressive Disorder ○ Anxiety ○ Panic Disorder ○ Dissociative identity disorder ○ Borderline personality disorder ○ Bipolar ○ OCD
Coping Strategy	Past	Current																				
Avoidance/denial																						
Dissociation/state of being disconnected																						
Isolation																						
Alcohol use																						
Drug use																						
Self-harm behaviours (e.g., Cutting, burning, skin picking, hair pulling etc.)																						

<table border="1"> <tr><td>Sports/Exercise</td><td></td><td></td></tr> <tr><td>Suicide attempt</td><td></td><td></td></tr> <tr><td>Suicidal ideation</td><td></td><td></td></tr> <tr><td>Sex addiction</td><td></td><td></td></tr> <tr><td>Reading/writing/art; music/video games</td><td></td><td></td></tr> <tr><td>Anger/Rage</td><td></td><td></td></tr> <tr><td>Compulsive Shopping</td><td></td><td></td></tr> <tr><td>Perfectionism</td><td></td><td></td></tr> <tr><td>Ritual or cult abuse</td><td></td><td></td></tr> <tr><td>Kleptomania (stealing)</td><td></td><td></td></tr> </table>	Sports/Exercise			Suicide attempt			Suicidal ideation			Sex addiction			Reading/writing/art; music/video games			Anger/Rage			Compulsive Shopping			Perfectionism			Ritual or cult abuse			Kleptomania (stealing)				<ul style="list-style-type: none"> <input type="radio"/> Eating disorder (Anorexia, bulimia, binge eating) <input type="radio"/> Schizophrenia <input type="radio"/> Other _____ <input type="radio"/> Not applicable to me <p>Are you currently working? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you currently attending school? <input type="radio"/> Yes <input type="radio"/> No</p>
Sports/Exercise																																
Suicide attempt																																
Suicidal ideation																																
Sex addiction																																
Reading/writing/art; music/video games																																
Anger/Rage																																
Compulsive Shopping																																
Perfectionism																																
Ritual or cult abuse																																
Kleptomania (stealing)																																
<p>Has the sexual abuse affected the home, relationship or work? Y _____ N _____ other _____ How?</p>																																
<p>Current relationship status:</p> <ul style="list-style-type: none"> <input type="radio"/> Partnered/Dating <input type="radio"/> Common law <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single 	<p>Do you have children? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, how many? _____</p>																															
<p>Family Do you have any siblings? Yes _____ No _____ If so, how many? _____</p> <p>Do you have a supportive relationship with your family? Yes _____ No _____</p>																																
<p>Do you have memories of what happened to you? Yes _____ No _____</p> <p>Do you have body memories? Yes _____ No _____</p> <p>Information about the perpetrator (circle all that apply):</p> <ul style="list-style-type: none"> <input type="radio"/> Family member (Mother/Father/Stepfather/Stepmother/Brother/Sister) <input type="radio"/> Extended family member (Grandfather/Grandmother/Uncle/Aunt/Cousin) <input type="radio"/> Known to child but not family member (Neighbour/Teacher/Priest or other person of authority) <input type="radio"/> Stranger <input type="radio"/> Prefer not to answer <p>How old were you at the time of the abuse? _____</p>																																
<p>Disclosure Experiences as Adult/Child: Did you tell anyone? Yes ____ No ____</p> <p>If yes, when? As a child ____ As an adult _____ Were you believed? Yes _____ No _____</p> <p><i>What was it like telling someone? (How did you feel?)</i></p>																																

<p>Have you had any past involvement with Police, Child Welfare and Legal Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Are you currently involved with Police, Child Welfare and Legal Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>If applicable, hat was/is the nature of your involvement with the child welfare system (check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Temporary care <input type="radio"/> Crown Ward <input type="radio"/> Foster Care <input type="radio"/> Group Home 	
<p>What is your comfort level discussing abuse?</p> <ul style="list-style-type: none"> <input type="radio"/> I feel comfortable discussing abuse <input type="radio"/> I feel somewhat Comfortable discussing abuse <input type="radio"/> I do not feel comfortable discussing abuse <input type="radio"/> Other _____ 	
<p>What are your strengths?</p> <ul style="list-style-type: none"> <input type="radio"/> Willing to listen to alternative viewpoints <input type="radio"/> Trustworthiness <input type="radio"/> Creativity <input type="radio"/> Patience <input type="radio"/> Determination <input type="radio"/> Dedication <input type="radio"/> Honesty <input type="radio"/> Adaptable <input type="radio"/> Other _____ 	
<p>Are you currently on any Medication(s) Yes _____ No _____</p> <ul style="list-style-type: none"> <input type="radio"/> SSRIs - Celexa, Lexapro, Luvox, Paxil, Pexeva, Prozac, Sarafem, Zoloft <input type="radio"/> SNRIs - such as Cymbalta, Effexor, Fetzima, Khedezla, and Pristiq. <input type="radio"/> MAOI, such as Emsam, Nardil, and Parnate <input type="radio"/> Mood stabilizer like Lithium, Divalproex, Valproic Acid or Valproate, Carbamazepine, Lamotrigine <input type="radio"/> Antipsychotic like Seroquel or Abilify <input type="radio"/> Other _____ 	

Please note that The Gatehouse will exclude a potential participant from group if they are actively self-harming, have engaged suicide attempt in last month or if not stabilized in other mental health diagnosis such as bipolar or schizophrenia – or if recent addiction issues are active you must have had some recent treatment and you are not under the influence during group sessions. **The Gatehouse reserves the right to remove persons from our programs who have provided false information, display violent behaviours or are dual history (have been abused and sexually abused others) or that violate any of our house rules, policies or processes. By signing below, I certify all information provided is correct and accurate to the best of my knowledge.**

Participant Name

Participant signature

Interviewer Name(s) (print)

Interviewer Signature (s)

Confirmation of Information Discussed & Code of Conduct for Program Participants

By signing below, I confirm that the intake facilitator has provided me with the following information

- An overview of their role in the intake process
- The purpose of the intake
- The limitations of confidentiality
- The phase 1 group program outline

By signing below, I agree to abide by The Gatehouse Code of Conduct including:

- I will take responsibility for my actions and decisions.
- I will treat others including program participants, volunteers, staff, students with dignity and respect no matter their personal characteristics, experiences or beliefs.
- I will refrain from engaging in any behavior that could be considered discrimination and harassment or behaviour that is considered life-threatening, intimidation, bullying, or violent.
- I will not be under the influence of, or affected by, illegal drugs, controlled substances or alcohol during group programs or any Gatehouse events or services.
- I will act with honesty and integrity and in accordance with all applicable laws and legislation.
- I will respect and maintain the confidentiality of information gained as a participant, including, but not limited to group discussions, documents/printouts, and all volunteer, staff, members, donors and other information that I may come into contact with while participating in The Gatehouse programs, events and services.
- I will ensure that my personal property is kept with me at all times while accessing services or attending events as The Gatehouse is not held responsible for any lost, stolen or damaged personal property.

Participant Name

Participant signature

Interviewer Name(s) (print)

Interviewer Signature (s)