

The Gatehouse

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.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

Please print first and last name

Participant Signature

Date

Please complete this fillable pdf form using only Adobe Acrobat Reader.

Using other programs may prevent a signed form from being edited after it is saved.
 Adobe Acrobat is available for free download from: <https://get.adobe.com/reader/>

**Reset
Form**

INTAKE FORM - ADULT PROGRAM

Today's Date (MM / DD / YR)	First Name: Last name:
Address (House or Building # & Street Name) Apt # City Province Postal Code Can we send you mail? Yes No	
Home#: Can we leave a message? Yes No	Cell #: Can we leave a message? Yes No
Email Address: Is it okay to email you? Yes No	Birth Date: (MM / DD / YR)
Gender: Female Male Trans Non-binary Pronouns: She/Her He/Him They/Them Ze/Zie Other, please specify:	Are you Homophobic? Yes No
How would you best describe yourself? White Black/African-Canadian/Caribbean-Canadian Asian/South Asian/East Asian Middle Eastern Indigenous/First Nations Prefer not to say Other, please specify:	How would you describe your household income? Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 Over \$100,000 Prefer not to say
Do you consider yourself to be? Heterosexual/Straight Homosexual/Gay/Lesbian Bisexual Asexual Other, please specify:	
Emergency Contact Name: Emergency Contact Number:	Emergency Contact Relationship to you: Mother Father Sibling Friend Other Relative Other, please specify:

<p>Source of Referral: <i>Where did you hear about Gatehouse?</i></p> <p>Friend Family member Self-Referral</p> <p>Family Doctor Hospital Police</p> <p>Therapist/Psychiatrist/ Psychologist Social Worker/ Counsellor</p> <p>Web/Google Facebook/Twitter/ Social media</p> <p>Other, please specify:</p>	<p>What do you hope to get out of the group experience? (Check as many that apply)</p> <p>Looking for ways to connect with others/feeling less isolated</p> <p>Work on relationships</p> <p>Address my emotions</p> <p>Learn healthier coping strategies</p> <p>Address flashbacks</p> <p>Address triggers</p> <p>Feel safer expressing myself</p> <p>Peer support</p> <p>Other:</p>
<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.</i></p> <p><i>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?</p> <p>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> <p>Previously attended a group for survivors of childhood sexual abuse</p> <p>Previously attended individual therapy</p> <p>Currently seeing a therapist/psychotherapist/counsellor</p> <p>Currently seeing a psychiatrist</p> <p>Never been to a survivor group - this would be my first experience</p> <p>Have attended addictions support group</p> <p>Currently attending addictions support group</p> <p>Other, please specify:</p>	
<p>Mental Health/Psychiatric diagnosis: (Please check any that apply)</p> <p>PTSD OCD</p> <p>Depression/Major Depressive Disorder Eating disorder (Anorexia, Bulimia, Binge Eating)</p> <p>Anxiety Panic Disorder</p> <p>Bipolar Schizophrenia</p> <p>Dissociative Identity Disorder Borderline Personality Disorder</p> <p>Not applicable to me</p> <p>Other, please specify:</p>	<p>Are you currently working?</p> <p>Yes No</p> <p>Are you currently attending school?</p> <p>Yes No</p>

What are/were some of the ways you cope with the sexual abuse? (Check as many that apply)

<u>Coping Strategy</u>	<u>Past</u>	<u>Current</u>	<u>Coping Strategy</u>	<u>Past</u>	<u>Current</u>
Avoidance/Denial			Sports/Exercise		
Dissociation/State of being disconnected			Reading/Writing/Art/Music /Video Games		
Isolation			Sex Addiction		
Alcohol Use			Anger/Rage		
Drug Use			Compulsive Shopping		
Self-harm Behaviours (e.g., cutting, burning, skin picking, hair pulling, etc.)			Perfectionism		
Suicide Thoughts			Ritual or Cult Abuse		
Suicide Attempts			Kleptomania		
Other, please specify:					

Has the sexual abuse affected the following life domains? Home Relationship Work
How?

Current relationship status:			Do you have children?	
Single	Partnered/Dating	Separated	Yes	No
Common law	Married	Divorced	If yes, how many?	

Family
Do you have any siblings? Yes No If so, how many?
Do you have a supportive relationship with your family? Yes No

Do you have memories of what happened to you? Yes No
Do you have body memories? Yes No

Information about the perpetrator (circle all that apply):
Family member (Mother/Father/Stepfather/Stepmother/Brother/Sister)
Extended family member (Grandfather/Grandmother/Uncle/Aunt/Cousin)
Known to child but not family member (Neighbour/Teacher/Priest or other person of authority)
Stranger
Prefer not to answer

How old were you at the time of the abuse?

Disclosure Experiences as Adult/Child:			<i>What was it like telling someone? (How did you feel?)</i>
Did you tell anyone?	Yes	No	
If yes, when?	As a child	As an adult	
Were you believed?	Yes	No	

Have you had any involvement with the following agencies?		If yes, please describe:	
Police?	No	Yes, past	Yes, current
Child Welfare?	No	Yes, past	Yes, current
Legal Services?	No	Yes, past	Yes, current

If applicable, what was/is the nature of your involvement with the child welfare system (check all that apply)			
Temporary care	Crown Ward	Foster Care	Group Home

What is your comfort level discussing abuse?
I feel comfortable discussing abuse
I feel somewhat Comfortable discussing abuse
I do not feel comfortable discussing abuse
Other, please specify:

What are your strengths?
Willing to listen to alternative viewpoints
Trustworthiness
Creativity
Patience
Other, please specify:
Determination
Dedication
Honesty
Adaptable

Are you currently on any Medication(s)	Yes	No
<i>SSRIs</i> - Celexa, Lexapro, Luvox, Paxil, Pexeva, Prozac, Sarafem, Zoloft		
<i>SNRIs</i> - such as Cymbalta, Effexor, Fetzima, Khedezla, and Pristiq		
<i>MAOI</i> , such as Emsam, Nardil, and Parnate		
<i>Mood stabilizer</i> like Lithium, Divalproex, Valproic Acid or Valproate, Carbamazepine, Lamotrigine		
<i>Antipsychotic</i> like Seroquel or Abilify		
Other, please specify:		

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)