



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

INTAKE FORM - ADULT PROGRAM

Today's Date (MM / DD / YYYY)				First Name: Preferred Name (If different than legal name)	
Address (House or Building # & Street Name) Apt #				Last Name:	
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 / YYYY) <i>This is required for eligibility purposes.</i>		
Gender: Male Female Non-binary Trans Man Trans Woman Intersex Other, please specify:			Pronouns: He/him She/her They/them		
How would you best describe yourself? (Select all that apply) White Black/African-Canadian/Caribbean-Canadian Asian/South Asian/East Asian Latino/Hispanic First Nations/Metis/Inuit Middle Eastern Prefer not to say Other, please specify:			Are you Homophobic/Transphobic? Yes No <i>Our program upholds a zero-tolerance policy for discrimination, including but not limited to racism, homophobia, transphobia, and other forms of discrimination. By completing this intake form, you are agreeing to uphold this policy and fostering a respectful environment for all participants.</i>		
How do you describe your sexual orientation? Heterosexual/Straight Bisexual Pansexual Homosexual/Gay/Lesbian Asexual Questioning 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		
Emergency Contact Name: Emergency Contact Number:			Emergency Contact Relationship to you: Mother Father Sibling Friend Other Relative Other, please specify:		

Source of Referral: Where did you hear about Gatehouse?			What do you hope to get out of the group experience? (Check as many that apply)	
Friend	Family member	Self-Referral	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:	
Family Doctor	Hospital	Police		
Therapist/Psychiatrist/ Psychologist		Social Worker/ Counsellor		
Web/Google	Facebook/Instagram/ Social media			
Other, please specify:				
Do you have any significant medical health problems?			Yes	No
Have you ever committed sexual abuse onto others?			Yes	No
<i>Our peer support groups are for survivors of childhood sexual abuse.</i> <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>			Have you ever physically assaulted someone? Yes No <i>If you answered yes, please provide a brief overview of incident:</i>	
Past + Present Service/Group History (check as many that apply)				
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, please specify:	
Mental Health/Psychiatric diagnosis: (Please check any that apply)			Are you currently working?	
PTSD	OCD		Yes	No
Depression/Major Depressive Disorder	Eating disorder (Anorexia, Bulimia, Binge Eating)			
Anxiety	Panic Disorder			
Bipolar	Schizophrenia			
Dissociative Identity Disorder	Borderline Personality Disorder			
Not applicable to me				
Other, please specify:			Are you currently attending school? Yes No	

What are/were some of the ways you cope with the sexual abuse? (Check as many that apply)																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coping Strategy</th> <th style="text-align: center;">Past</th> <th style="text-align: center;">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> <tr><td>Suicide Thoughts</td><td></td><td></td></tr> <tr><td>Suicide Attempts</td><td></td><td></td></tr> <tr><td>Other, please specify:</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.)			Suicide Thoughts			Suicide Attempts			Other, please specify:			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coping Strategy</th> <th style="text-align: center;">Past</th> <th style="text-align: center;">Current</th> </tr> </thead> <tbody> <tr><td>Sports/Exercise</td><td></td><td></td></tr> <tr><td>Reading/Writing/Art/Music /Video Games</td><td></td><td></td></tr> <tr><td>Sex Addiction</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</td><td></td><td></td></tr> </tbody> </table>	Coping Strategy	Past	Current	Sports/Exercise			Reading/Writing/Art/Music /Video Games			Sex Addiction			Anger/Rage			Compulsive Shopping			Perfectionism			Ritual or Cult Abuse			Kleptomania		
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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?				<i>This is to ensure you meet The Gatehouse Program/ Service requirements.</i>																																																						
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
SSRIs - Celexa, Lexapro, Luvox, Paxil, Pexeva, Prozac, Sarafem, Zoloft SNRIs - such as Cymbalta, Effexor, Fetzima, Khedezla, and Pristiq MAOI , such as Emsam, Nardil, and Parnate Mood stabilizer like Lithium, Divalproex, Valproic Acid or Valproate, Carbamazepine, Lamotrigine Antipsychotic like Seroquel or Abilify Other, please specify:		

Programs Completed at The Gatehouse (check all that apply to you):

This is my first experience
Phase 1 (15 weeks)
Phase 2 (16 weeks)

Expressive Arts Therapy
Young Adult Program

Which program(s) are you interested in?

Phase 1 (15 weeks) - Out of the Darkness
into the Light

2SLGBTQIA+ Group (6 weeks)

Young Adult Program (5 weeks)

Individual Counselling

If interested in the Phase 1 program, which group do you prefer?

(Please select up to two options, but not *Men-* and *Women-Only* groups together.)

Women's Only

Men's Only

All-Genders

**If you selected Women-Only,
please select your preferred time:**

Daytime (12-2pm)

Evening (7-9pm)

Either option is fine

What is your preferred setting for the group experience?

In Person

Virtual

Either option is fine

Please identify any accessibility needs you would like us to be aware of so we can better support your participation in the group.

Note: The Gatehouse is a scent-free environment. Please do not wear any scented products if registered to attend an in-person group program. Due to allergies, please do not bring any products containing mint, including chewing gum, coffee, tea, chocolates, and any mint-flavoured candies.

Accessibility Needs

I may need extra breaks or time for movement

I benefit from visual supports (e.g., shared screen, written notes)

I appreciate reminders or cues to help with transitions

I use stimming tools (e.g., fidget objects, movement) to self-regulate

I benefit from hearing supports (e.g., closed captioning, clear audio)

Other, please specify:

What would make the group experience meaningful to you?

Confirmation of Information Discussed & Code of Conduct for Program Participants

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.**

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