



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

<p>Do you have a support network outside of The Gatehouse? (Select all that apply)</p> <p>Peer Support Previously attended individual therapy Currently seeing a therapist/counsellor/social worker Currently seeing a psychiatrist Family Friends Have attended addictions support group Currently attending addictions support group Other:</p>	<p>Mental Health Diagnoses (Select all that apply)</p> <p>PTSD Depression Anxiety Bipolar Borderline Personality Disorder Dissociative Identity Disorder Not applicable to me Other, please specify:</p> <p>OCD Eating disorder Panic Disorder Schizophrenia ADHD</p>
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Do you have any significant medical health problems? Yes No

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:					

<p>Have you reviewed the Phase 2 program description, including the topics and structure?</p> <p>Yes No</p>	<p>What do you hope to get out of the Phase 2 program?</p>
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<p>Do you anticipate any challenges in attending all 16 sessions or completing homework tasks? These might include journaling, watching videos and reflections, and encouraged story-writing.</p> <p>Yes No</p>	<p>The program may evoke strong emotions such as fear, sadness, anger, or anxiousness. Are you prepared to manage these emotions with the support of facilitators and your external network?</p> <p>Yes No</p>
<p>What are some areas of your life that you want to transform?</p>	<p>Writing your story is a component of the Phase 2 program. Although you are encouraged to write and share your story with the group, it is not required or expected.</p> <p>How do you feel about writing and sharing your story in a group setting?</p> <p>If writing or sharing your story activates strong emotions, how will you manage them? (Choose all that apply)</p> <p>Use grounding techniques</p> <p>Reach out to my support network</p> <p>Speak with a therapist or counsellor</p> <p>Other (please describe):</p>
<p>What is something you learned from the Phase 1 program that you think will be helpful to you in your healing journey?</p>	<p>What would help you feel more prepared or supported in writing and sharing your story?</p>
<p>What do you do for self-care in terms of physical, social, psychological, and spiritual areas of your life?</p>	

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

Phase 1 (15 weeks)	Expressive Arts Therapy
Phase 2 (16 weeks)	Young Adult Program
2SLGBTQIA+ - Healing with Pride	Other:

Please Note: The Phase 2 program only operates as All-Genders during the evening (7-9pm).

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 use stimming tools (e.g., fidget objects, movement) to self-regulate
I benefit from visual supports (e.g., shared screen, written notes)	I benefit from hearing supports (e.g., closed captioning, clear audio)
I appreciate reminders or cues to help with transitions	Other, please specify:

What would make the group experience meaningful to you?

Participant Name

Participant signature

Date