



What outside resources does your family have available for support? \_\_\_\_\_

What else should your therapist know about your family? \_\_\_\_\_

**Other Professional Involvements**

Were you referred to our program? Yes\_\_\_\_ No\_\_\_\_

If "yes", please specify: \_\_\_\_\_

Are any family members currently or have previously been involved in psychiatric, psychological therapy or counseling (whether in or out of hospital)? Yes\_\_\_\_ No\_\_\_\_

If "yes", please specify: \_\_\_\_\_

Are any family members currently or previously had difficulties with external authorities, such as the school, employer or the law? Yes\_\_\_\_ No\_\_\_\_

If "yes", please specify: \_\_\_\_\_

Are the family currently or previously involved with any social agencies or government services? Yes\_\_\_\_ No\_\_\_\_

If "yes", please specify: \_\_\_\_\_

**Background of Family:**

1. Parent/Caregiver(s) **Name** \_\_\_\_\_

Cultural Background? \_\_\_\_\_ Religion? \_\_\_\_\_

Occupation? \_\_\_\_\_ Employer \_\_\_\_\_

Language(s) spoken in the home? \_\_\_\_\_

Do you currently see finances as a significant problem for your family? Yes\_\_\_\_ No\_\_\_\_

2. Parent/Caregiver(s) **Name** \_\_\_\_\_

Cultural Background? \_\_\_\_\_ Religion? \_\_\_\_\_

Occupation? \_\_\_\_\_ Employer? \_\_\_\_\_

Language(s) spoken in the home? \_\_\_\_\_

Do you currently see finances as a significant problem for your family? Yes\_\_\_\_ No\_\_\_\_

A serious illness of any family member affects all immediate members in some way. What major physical illness(es) has your family had to cope with?

Person's Name	Diagnosis/Treatment	Year Began	Duration of Condition

Are any family members currently taking prescribed medication? Yes\_\_\_\_ No\_\_\_\_

If "Yes", please specify: \_\_\_\_\_

## Billing

Families are not billed directly for the services at Calgary Family Therapy Centre as we receive funding from Alberta Health Services to provide family therapy to families with child(ren) 18 years or younger who are experiencing emotional, behavioral or psychological difficulties. We are committed to enabling families to manage these difficulties more effectively on their own.

## Missed Appointment/Cancellation Policy

**We expect you will attend all scheduled appointments** and when an appointment is cancelled without sufficient notice, another family is denied an opportunity to be seen. **To cancel an appointment, call us at 403 802-1680 by 10 a.m. two working days before your scheduled visit.** If your appointment is on Monday, call us by 10 a.m. the previous Thursday. If you can't reach the receptionist leave a detailed voicemail message or you may cancel by sending an email to [cftc@ucalgary.ca](mailto:cftc@ucalgary.ca). Be sure to include your family name, date and time of appointment along with the therapist's name. Late cancellation or missed appointments will be considered no shows. After three "no shows" your appointment time will be given to someone on the waiting list and your file may be closed or put back on the waiting list. If there are unusual circumstances regarding your reasons for cancelling, please discuss this with your primary therapist. \_\_\_\_ **(Initial)**

## Working with Other Professionals

To enhance your overall health care and coordination among health care providers, we would like to inform your physician(s) that your family has initiated contact with Calgary Family Therapy. If you agree, provide the names, addresses (including postal code) and telephone numbers of your physician(s). Detailed information about the issues addressed in therapy will not be sent without further consent from you. Inform our physician \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, provide Name/Address/Postal Code and Telephone number of physician(s) you wish informed:

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## Confidentiality Guidelines

If it becomes evident by a CFTC Family Therapist or Intern that a client or others are at risk for serious, foreseeable and imminent harm, these concerns will be reported to a third party to ensure safety. In these circumstances, the least amount of confidential information necessary will be disclosed. \_\_\_\_ **(Initial)**

This form was completed by: \_\_\_\_\_  
(please print)

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Signature

Date