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## Intake Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### BASIC INFORMATION:

Name \_\_\_\_\_

Address (including postal code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FAMILY INFORMATION:

Other Parent's Name (if applicable) \_\_\_\_\_

Address (including postal code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (if applicable) \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Lives with \_\_\_\_\_

Child Name (if applicable) \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Lives with \_\_\_\_\_

Child Name (if applicable) \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Lives with \_\_\_\_\_

Child Name (if applicable) \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Lives with \_\_\_\_\_

**FURTHER INFORMATION:**

How long have you been separated/divorced? \_\_\_\_\_

What type of service are you looking for?

- Custody and Access Assessment
- Views of the Child Report
- Parenting Coordination
- Mediation
- Collaborative Family Practice
- Therapy (Individual, Children, Parent Coaching, Education for Parents)
- Therapeutic Reconciliation Counselling

The reasons you are seeking service?

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Emergency Contact(s) \_\_\_\_\_