



Collaborative Practice Intake Form

We congratulate you on choosing the Collaborative Process. Your work with your Family Coach will help you to get through your separation more efficiently. This form is to be filled out by each person separately and as completely as possible. The information you provide will not be shared with your spouse.

This is a PDF form, so you can print it, complete the information and either bring it with you to a session, or mail it. Note there are 7 pages. If you are comfortable in choosing to email your information, please contact me for a fillable copy, and return through email. **Email may not be secure. Be careful that the form is sent to only South Georgian Bay Family Mediation.**

Your Name:

Your Date of Birth:

Today's Date:

Address:

City:

Province:

Postal Code:

Phone:

Your Email:

Emergency Contact Name:

Emergency Contact Number:

Emergency Relationship to you:



How did you find out about South Georgian Bay Family Mediation?

Lawyer Financial Specialist Mediator Court Family Friend Website
 Colleague Other

Are you currently in treatment for a medical condition? If Yes please specify

Please list any prescription medication you are currently taking or have taken in the past 6 months. Please include Medication Name, Dosage, Reason Prescribed, and Side Effects

Is there a concern about the use of non-prescribed drugs or over use of prescribed drugs?

If Yes please specify



Is there a concern about violence? If yes please specify

Is there a concern about suicide? If Yes please specify

Is there a concern about use of alcohol/other substance use? If Yes please specify

Are there any concerns regarding mental health or illness? If Yes please specify



Do you have any other concerns that have not been noted? If Yes please specify

Couples who end their relationship do so for a number of reasons. Out of the following choices, select up to three which best describe why you separated.

- My physical abuse against my partner My emotional abuse towards my partner
- My drug/alcohol problem Poor communication on my part My sexual problem
- I took advantage of my partner My mental health My infidelity
- A great deal of conflict Partner's physical abuse against me
- Partner's emotional abuse against me Partner's drug or alcohol problem
- Partner's poor communication Partner's sexual problem
- Partner took advantage of me Partner's mental health Partner's infidelity
- Other [please specify]

During the separation process people experience many emotions. Please select three which best describe your emotional experiences since your separation.

- Anger Blame Sorrow Relief Depression Guilt A need to justify Focusing on the past
- Negative Thinking Anxiety Desperation Liberation Fear
- Confusion Devastation Revenge Forgiveness Acceptance Worry Regret
- Shame Self Doubt Inability to cope Other



Please select the people/items that you consider a resource, strength or support for you.

Friends Family Significant other Co-workers Supervisors Neighbours
Coping skills Lifestyle Spirituality Hobbies Interests
Other

Separation means many losses please select the ones that are applicable to you.

Financial Lifestyle House Spouse Friends Property Dignity
Community Relationship with in-laws Less time with the children Spiritual
Community Pet Other

Everyone has strengths what are yours?

On a scale of zero to ten (zero being not at all) how well are you coping?



What have you been doing that has prevented that number from getting lower?

What one thing could you do to raise that number by a half a point?

Is there anything else you wish your Family Coach to know?

Thank you for taking the time to complete this information. Your Family Coach will be reviewing this information before your first appointment. We look forward to working together with you and the Collaborative Team.

You are welcome to pay for your Family Coach by providing your credit card information in advance or give your Family Coach cash or a cheque made out to South Georgian Bay Family Mediation. How would you like to pay?

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Helping you navigate the rough bits of life



- Cash or Cheque Credit Card Other

If credit card

Name on the card:

Credit Card Company and #:

Expiry Date:

3 digit security code on back :

South Georgian Bay Family Mediation office policy is 48 hours' notice to cancel appointments. If you provide sufficient notice you will not be charged for late cancellations. If you do not provide sufficient notice you will be billed for the missed appointment.

You confirm, by checking the box below, that you release the above information to South Georgian Bay Family Mediation for administration purposes. All information provided is considered confidential* and will not be released without your informed, voluntary, written consent.

- Yes, I agree**

**Exceptions to confidentiality, as per OCSWSSW professional body regulations, apply if a child is being harmed, someone is an immediate risk to themselves or others, or a legal process mandates our participation.*