LYFS Langley Youth & Family Services

5569 204th Street Langley, BC V3A 1Z4
Tel: (604) 514-2900 Fax: (604) 530-1835

Referring Agency: _____ Referring Phone: _____

Agency Address: _____ Agency Contact Person: _____

Client Surname _____ First Name: _____

Address: _____ P.C _____

Phone: (H) _____ (W) _____ Birthdate _____ Male / Female
YYYY/MM/DD

School: _____ Grade: _____ Family Doctor: _____

Family Status: Please Circle — Foster Family | Guardians | 2 Parents Natural/Adopted | Natural Father, Step-Mother | Natural Mother, Step-Father | Single Parent, Female/Male | Blended

Parent 1 _____ Phone: (H) _____ (W) _____

Address: _____ P.C _____

Parent 2 _____ Phone: (H) _____ (W) _____

Address: _____ P.C _____

Email Address: _____ Custody Status: _____

Permission to contact using email address(es) and home phone number(s) provided (including voicemail) Yes _____ No _____

Has a qualified professional (psychiatrist, family doctor, psychologist) doctor diagnosed the client with Autism Spectrum Disorder, Fetal Alcohol Syndrome, or any other Pervasive Developmental Disorder? _____

If so, which one(s)? _____

_____ _____
Signature of Parent/Guardian Signature of Referring Person

Please indicate the severity or seriousness of the following problems, **within the last 2 months,** using this scale:

Not at all - 1 **Not very severe - 2** **Somewhat severe - 3** **Extremely Severe - 4**

1. _____ arguing
2. _____ self-harm
3. _____ restlessness
4. _____ being dishonest
5. _____ stealing
6. _____ using drugs
7. _____ using alcohol
8. _____ being impulsive
9. _____ provoking others
10. _____ showing no remorse
11. _____ excessive screen time
12. _____ being physically aggressive
13. _____ being verbally aggressive
14. _____ being easily frustrated
15. _____ running away from home
16. _____ skipping/resisting/avoiding school
17. _____ showing inappropriate sexual behavior
18. _____ coming home excessively late
19. _____ being easily offended/provoked by others
20. _____ having suicidal thoughts/attempts

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Summary of Worrisome Behaviour:

The following section is to be completed by a parent or guardian:

What family dynamics are possibly affecting your child's behavior?

What are your hopes for coming to counselling? What changes would you like to see in your family?

I, _____*(Parent/.Guardian)*, do hereby agree, as indicated with my signature below, that I consent to communication, written or otherwise, between Langley Youth and Family Services and _____*(referring institution)* regarding attendance at treatment sessions at Langley Youth and Family Services. This consent only applies to matters regarding attendance and does not include any information regarding treatment sessions or progress. I understand that I may revoke this consent at any point by communicating this intention to Langley Youth and Family Services in any manner including, but not limited to, written form.

Signature of Parent/Guardian	Date	Signature of Referring Person	Date