

## Caregiver Background & Referral Information

Caregiver first name: \_\_\_\_\_ Caregiver Last Name: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Health Card # \_\_\_\_\_ Benefits Plan # \_\_\_\_\_

Benefits Company Name \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Ok to call Yes/No Ok to Leave a message Yes/No

Cell phone: \_\_\_\_\_ Ok to call Yes/No Ok to Leave a message Yes/No

Work phone number: \_\_\_\_\_ Ok to call Yes/No Ok to Leave a message Yes/No

Email address: \_\_\_\_\_

Preferred Mode of Communication \_\_\_\_\_

Occupation: \_\_\_\_\_

Which of the following best describes your current relationship status (Single, Common Law, Married, Separated, Divorced, Widowed, Divorced and Re-Married) \_\_\_\_\_

If separated or divorced is there an agreement in place which outlines custody/child access rights?

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

Referral Person/Agency (if applicable): \_\_\_\_\_

Referral phone number \_\_\_\_\_

Referral Email: \_\_\_\_\_

Is the youth aware they are being referred? Yes/No \_\_\_\_\_

How did you first hear about the Dave Smith Youth Treatment Centre? \_\_\_\_\_

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

Are you currently or have you ever previously been involved in counselling? Yes/No \_\_\_\_\_

Name of Doctor/ Agency \_\_\_\_\_

If yes, what was this experience like for you? (Please include type of counselling, dates, outcome as appropriate) \_\_\_\_\_

Are there any other children in the family unit? \_\_\_\_\_

If yes, please provide the following information:

Name	Age	Gender	Status (Biological, Adopted, Step, Foster, Living independent)	Currently living in the household

Is there any other persons living in your household? If yes, please indicate their name and relationship.

Are there any other significant relationships we should be aware of? \_\_\_\_\_

Do you have concerns about any of your other children? If yes, please indicate which child and the reason for your concern? \_\_\_\_\_

What is your understanding of your youth's substance use? \_\_\_\_\_

What substance(s) do you suspect your youth is currently using or used recently?

Substance Ex. Marijuana	Frequency Ex. Daily	Amount Ex. 1 Gram	Duration Ex.1 Year

Has your youth been hospitalized or in another agency in the last 2 years? Yes/ No \_\_\_\_\_

Risk Issue	Date	Details
Ex. Self-harm, suicide attempt, legal, violent behaviour, etc.	Ex. Jan. 2016	Spent time at CHEO

Has your youth ever received counselling or support to cope with substance use? If so, please indicate which (if any) strategies have been helpful. \_\_\_\_\_

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How has your youth's substance use/lifestyle affected you? (Ex. Emotional, physical, financial, etc.)

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How has your youth's substance use/lifestyle affected other family members? \_\_\_\_\_

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Do any other family members currently use drugs or alcohol? Yes/No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Have any other family members used drugs/alcohol in the past? If yes, what is the relationship and how do you perceive their use (Ex. Recreational, problematic, etc.)

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Has the above mentioned family member(s) sought treatment/counselling or received treatment/counselling in the past? If so, what was the outcome of that experience?

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Please briefly discuss any significant family events (births, deaths, divorces, illnesses, immigration, etc.)

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How would you describe your relationship with your youth? \_\_\_\_\_

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Please outline any special qualities or talents that your youth has (currently or in the past) of which you are particularly proud? \_\_\_\_\_

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What strategies or supports does the family utilize to cope with stressful life events?

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How does a “typical” problem or difficulty get resolved in the family unit?

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What types of recreational activities (if any) does your family do together? Used to do together?

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Please share some of the limit-setting that exists in your family. Ex. Curfews, computer usage, television/movie viewing, etc. \_\_\_\_\_

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What rules do you hope to implement following your youth's residential program? \_\_\_\_\_

Have you had any conversations about rewards/consequences for partial completion/completion of the DSYTC residential program?

How would you describe the way in which family members communicate? How do you promote healthy communication in your family? \_\_\_\_\_

What role do you currently play in your youth's recovery?

What changes (if any) do you feel need to be implemented in your home environment in order to support your youth's recovery? What support do you need to effectively implement these changes?

What do you hope to get from the Family Services Program? \_\_\_\_\_

Is there anything else you think we should know? \_\_\_\_\_

Please add any additional comments:

*Thank you for taking the time to complete the Caregiver Assessment.*