



# The Healing of the Seven Generations

## “A Community Healing Strategy & Support Program”

### Client Intake Form

#### CLIENT IDENTIFICATION

Surname:		First Name:		Middle Initial:
Phone No. 1:		Alternate Phone No. 2:		
Date of Birth:	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	<b>Language Preference:</b> <input type="checkbox"/> Written <input type="checkbox"/> Spoken <input type="checkbox"/> Both <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		
Self-Identification: <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis		Band/Council Affiliation:		
Regular Place of Residence:		Mailing Address (if different):		
City:		City:		
Province:	Postal Code:	Province:	Postal Code:	
<b>Highest Grade Completed:</b> <input type="checkbox"/> Less than 9 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> OAC's <input type="checkbox"/> College <input type="checkbox"/> University Year attained: _____				
<b>Services Interested In:</b>				

I provide my consent as may be required by statute for The Healing of The Seven Generations to use the above information for input to their client database. I understand that the information provided on this form is maintained in confidence and is for the soul use of The Healing of The Seven Generations.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

#### Office Use Only

Referred:  Yes  No      Date of appointment: \_\_\_\_\_

If yes, by who: \_\_\_\_\_      Organization: \_\_\_\_\_



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## **Oath of Confidentiality**

I \_\_\_\_\_ am a client of The Healing of The Seven Generations (H7G) and have been verbally advised of the importance of all confidentiality pertaining to programs, clients, staff issues, interoffice information and any funding information which may be involved at H7G. I do hereby agree that there is no exception of any disclosure of information amongst any individuals other than the Executive Director or current staff of H7G. Upon breach of this agreement the above said client will be excused from any form of service until all matters are resolved and/or could possibly be terminated.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# The Healing of the Seven Generations

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### Consent for the Release of Confidential Information

I, \_\_\_\_\_, authorize ***The Healing of The Seven Generations***  
Name of client

to disclose to: \_\_\_\_\_  
Name of Person or Agency disclosure is being made to

The following information: \_\_\_\_\_  
Information to be disclosed.

Disclosure purpose's is strictly to:

### Planning Client Healing Strategy & Support

I understand that my records are protected under Federal regulation and cannot be disclosed without signed consent. I also understand that it is my right to revoke this consent at any time except to the extent that action has been taken in reliance on it. This consent automatically expires ***Twelve Months (12) from the Signatures and Date Below***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Representative Signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Worker Signature

\_\_\_\_\_  
Date



# **The Healing of the Seven Generations**

## ***“A Community Healing Strategy & Support Program”***

### **Waiver**

I hereby release *The Healing of The Seven Generations*; its employees and/or volunteers and the City of Kitchener/Waterloo, Cambridge, Guelph from all actions, claims and demands for damages, loss or injury arising from any accidents, which may be caused by, or arise out of participation by the applicant named, while involved in programs offered by this program or its organization.

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Client Signature

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Date