



☎ 306-445-0055
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📍 1211 98TH STREET
NORTH BATTLEFORD, SK S9A 0L8

Anchor & Thread – Client Intake Form

Confidential

This form is used to gather information to help us understand your needs and connect you with appropriate supports. All information will be kept confidential except where required by law (e.g., risk of harm to self or others, child protection concerns).

1. Client Information

- Full Name: _____
 - Date of Birth (DD/MM/YYYY): _____
 - Age: _____
 - Gender Identity: Female Male Non-binary Two-Spirit Prefer not to say Other: _____
 - Preferred Pronouns: _____
 - Address: _____
 - City / Province / Postal Code: _____
 - Phone Number: _____
 - Email Address: _____
 - Preferred Method of Contact: Phone Email Text Other: _____
 - Safe to leave voicemail / text message? Yes No
 - Emergency Contact Name: _____
 - Emergency Contact Phone: _____
 - Relationship to Client: _____
-

2. Parent / Guardian Information (if client is a minor)

- Parent / Guardian Name: _____
- Relationship to Client: _____
- Phone: _____
- Email: _____



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- **Address (if different):** _____

- Parent / Guardian is aware of and consents to counselling services
- Parent / Guardian should **not** be contacted for safety reasons

3. Referral Information

- **Referred by:** Self Agency Family / Friend Other: _____
- **If agency, name and contact:** _____
- **Date of initial contact:** _____

4. Presenting Concerns

(Please check all that apply)

- Intimate Partner Violence
- Sexual Assault / Sexual Abuse
- Childhood Abuse
- Stalking / Harassment
- Emotional or Psychological Abuse
- Financial Abuse
- Family Violence
- Human Trafficking
- Other (please specify): _____

Brief Description of Current Situation or Concerns:

5. Immediate Safety



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- Do you feel safe right now? Yes No Unsure
 - Are you currently living with the person who caused harm? Yes No
 - Are there children or dependents affected? Yes No
 - Do you require immediate safety planning? Yes No
-

6. Supports and Services Requested

- Counselling
 - Safety Planning
 - Crisis Support
 - Advocacy / Accompaniment (court, police, medical)
 - Referral to Shelter or Housing Supports
 - Other: _____
-

7. Background Information (Optional but Helpful)

- Primary language: _____
 - Cultural or community connections: _____
 - Any accessibility or accommodation needs: _____
 - Previous counselling or supports accessed: _____
-

8. Consent for Services

Please read and sign below to indicate your understanding and consent.

I understand that services at Anchor & Thread are voluntary, confidential within legal limits, and that I can withdraw consent at any time. I give permission for Anchor & Thread to contact me using my preferred method.

Client / Guardian Signature: _____

Date: _____



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Counsellor / Staff Signature: _____

Date: _____

9. For Office Use Only

- Date Intake Completed: _____
- Staff Completing Intake: _____
- Risk / Safety Concerns Identified: Yes No
- Referred To: _____
- Follow-up Plan: _____