

#300, PARK PLACE  
4825, 47 STREET  
RED DEER, ALBERTA  
T4N 1R3



PHONE 403.343.3422  
FAX 403.343.9293  
REFERRAL 1.888.505.3422  
HERITAGEFAMILYSERVICES.COM

## Heritage Assessment Requested Package

Client Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Personal Health Number \_\_\_\_\_

Treaty Number \_\_\_\_\_

Band Name \_\_\_\_\_

Gender \_\_\_\_\_

Children's Service Status \_\_\_\_\_

District Office \_\_\_\_\_

Case Worker \_\_\_\_\_

CW Phone Number \_\_\_\_\_

CW Email Address \_\_\_\_\_

Where is the client currently? \_\_\_\_\_

## Legal Information

YES  NO

Client has criminal charges

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YES  NO

Client is on Probation

YES  NO

Client has community hours

YES  NO

Client has pending RCMP charges

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YES  NO

Client has upcoming court dates

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## Demographic Information

**Parent(s) Name** \_\_\_\_\_

**Parent(s) Phone Number** \_\_\_\_\_

**Parent(s) Address** \_\_\_\_\_

\_\_\_\_\_

**Marital Status of Parents** \_\_\_\_\_

**Current Family Structure** \_\_\_\_\_

*(Nuclear, blended, foster, adoptive)*

**Siblings** \_\_\_\_\_

*(name, gender, age)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Last School Attended** \_\_\_\_\_

**Last Grade Attended** \_\_\_\_\_

**Specialized Programing** \_\_\_\_\_

## Psychological Assessment

Has the youth participated in a psychological Assessment in the past?

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If yes, then who conducted the assessment and when was it completed?

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Is there a copy of this report?

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Why was this previous assessment requested?

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Was there a mental health diagnosis as a result of this assessment?

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Has the youth ever been hospitalized for mental health concerns? If yes, what was the reason for admission and what were the dates of admission?

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Has the youth ever been placed in a secure treatment facility? If yes, what was the reason for admission and what were the dates of admission?

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**Reason for Requesting a Psychological Assessment**

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**Are there emotional or mental health problems that have been suspected or observed?**

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**Has the youth been a victim of emotional, physical or sexual abuse?**

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**Has the youth sexually perpetrated? If so, please specify.**

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**Has the youth been exposed to traumatic events pertaining to themselves or others?**

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**Has the youth been involved with other therapists, councillors, or psychiatrists? If yes, whom and for how long? Do you want the youth to continue this involvement?**

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**Is the youth currently on medication? If yes, which medication and for what reason?**

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