



The Society for Support to
Pregnant and Parenting Teens

9625 Prairie Road
 Grande Prairie, AB T8V 6G5
 Phone: 780-538-3854 - Fax: 780-538-4751

Intake Request

Employee taking Referral info: _____ Date: _____

Self-referral Agency referral Received from (name/agency): _____

Phone In person On-line email / fax Other _____

All information is strictly confidential. I consent to these details being given to Pregnant and Parenting Teen Society.

 Signature of person being referred

 Signature of referring person

If not present does client consent to referral?

Client First Name:	Last Name:
D. O. B.	Age:
Home Phone:	Voice Mail Consent?
Cell Phone:	Voice Mail Consent?
Address:	
	Postal Code:
Are you pregnant?	How far along?
Are you parenting?	
Child Name:	Age:
Child Name	Age:
Are you attending school?	Where?

What are the reasons for referring to this program?

Individual Caregiver risk factors:	Family Risk Factors:	
Depression/other Mental Health Disorders	Social Isolation/ Transiency	
Substance Abuse	Family violence	
Own History of Abuse	Poverty/Unemployment	
Caregiver's belief in corporal punishment	Low Parental Involvement from main Caretaker or Child Neglect	
Caregiver's poor understanding of child development	Harsh Discipline	
Young Parental Age (Current)		
Seeking pregnancy information	Community Risk Factors:	
Options counselling	Violence in the community	
	Drug trafficking	
Individual Child risk factors:	Poor Housing / Lacking Housing	
Child younger than 4 years of age	Lack of access to services	
Child Temperament or Insecure Attachment		
Child's Special Needs or Mental Health	OTHER:	
At Risk of Sexual Exploitation		
Sexual Minority Youth		

