geneva centre for autism

112 Merton Street
Toronto, ON M4S 2Z8
T: (416) 322-7877
www.autism.net

Geneva Centre for Autism Intake Form (FOR NEW CLIENTS ONLY)

Read Instructions

Client Information:		
Client Type: Select		
First Name:	Middle Initials:	Last Name:
Also Known As:	Date of Birth: Click on the arrow to select	Preferred Pronoun: Select
Ethno-cultural Group:		Other:
Primary Language:	Other Language(s):	
Client identifies as an Indigenous person (First Nations, Métis, or Inuit)?: ◯ Yes ◯ No Select		
Interpreter Needed?: ◯ Yes ◯ No		

Contact Information:			
Address: Number Street Name Suite/Unit/Apt			
City	State/Province	Country	Postal Code
Telephone (daytime):		Telephone (other):	
Primary Email:		Other Emails:	

Client Contacts and Relations:

Primary	Name	Relation	Custody	Lives with	Client
☐			Select	Select	Select
☐			Select	Select	Select
☐			Select	Select	Select
☐			Select	Select	Select
☐			Select	Select	Select
☐			Select	Select	Select
☐			Select	Select	Select
☐			Select	Select	Select

Contact preference? ◯ telephone ◯ email

Would you like to receive our Bi-Weekly "Parent Network E-Newsletter"? ◯ Yes ◯ No

geneva centre for autism

112 Merton Street
Toronto, ON M4S 2Z8
T: (416) 322-7877
www.autism.net

Read Instructions

Diagnosis/Service Information:

Diagnosis attached: ◯ Yes ◯ No ◯ Not Applicable

Primary Diagnosis:

- ◯ Autism Level 1
- ◯ Autism Level 2
- ◯ Autism Level 3
- ◯ ASD
- ◯ Other(s):
- ◯ PDD-NOS
- ◯ Asperger's
- ◯ Retts Disorder:
- ◯ Childhood Disintegrative Disorder

Secondary Diagnosis:

- ☐ Anxiety Disorder
- ☐ Mood Disorder
- ☐ ADHD
- ☐ ADD
- ☐ Tourette's
- ☐ Developmental Disability
- ☐ Not applicable
- ☐ Other(s):
- ☐ Seizure Disorder
- ☐ Cerebral Palsy
- ☐ Medically fragile
- ☐ Schizophrenia
- ☐ Global Developmental Delay
- ☐ Learning Disability

I am interested in the following services (check all that apply):

- ☐ Intake - I am new to Geneva Centre and have not yet met with a Social Worker
- ☐ Resources /Service Navigation
- ☐ Behaviour Services
- ☐ Social Skills Groups
- ☐ Parent Education and Training
- ☐ Respite
- ☐ Camps
- ☐ Funding Options
- ☐ Parent Support
- ☐ Sibling Support
- ☐ Other(s):

geneva centre for autism

112 Merton Street
Toronto, ON M4S 2Z8
T: (416) 322-7877
www.autism.net

Complete Form

Instructions to complete the Intake Form

Please **email** completed forms along with a scanned copy (no photographs please) of your child's **diagnosis** to **intakeforms@autism.net**. Once your completed documentation has been received a social worker will contact you regarding services. If you require assistance, please call 416-322-7877 ext 513.

Client Information:

- **Also Known As:** Enter if client is known by other names (eg. Nicknames)
- **Preferred Pronoun:** Enter which pronoun the client would like others to use when talking to or about the client
- **Primary Language:** Enter language spoken at family home
- **Other Language(s):** Enter if more than one language is spoken

Contact Information

- Must be residing in Toronto. Postal Code starts with **M**.
- Enter the contact information of the primary contact for the client

Client Contacts and Relations:

- **Primary**: Click if the contact is the primary contact for the client
- **Name**: Enter the name of the contact/Relation of the client
- **Relation**: Enter how this contact person is related to the client (eg. Mother, Father, Sister, Brother)
- **Custody**: Select whether this contact person has custody of the client
- **Lives with**: Select whether this contact person lives with the client
- **Client**: Indicate whether the contact is a client of Geneva Centre for Autism
- **Consent to contact regarding services**: Indicate whether you agree to be contacted by Geneva Centre for Autism for services
- **Contact preference**: Indicate how you would like us to contact you for services
- **Would you like to receive our Bi- Weekly " Parent Network E-Newsletter"?**: Select Yes, if you would like to receive email & e-newsletter about Geneva Centre for Autism. Your email address will be used strictly for contacting you in matters regarding Geneva Centre for Autism and keeping you informed about our activities. It will not be shared with anyone outside of Geneva Centre for Autism.
- **Notes**: Enter other relevant information that you would like us to know about clients contacts and relations

Diagnosis/Service Information:

Diagnosis : In order to access service funded by the Ministry of Children, Community and Social Services a diagnosis must be sent to us. In order to be considered a valid diagnosis it must include the following components easily visible in the scanned document.

- Client's name
- Client's date of birth
- Date of diagnosis
- Must state: "Was found to meet the criteria of a diagnosis of Autism Spectrum Disorder" or "Meets DSM 5 criteria for Autism Spectrum Disorder (ASD)"
- Doctor's signature

Service Information:

- **I am interested in the following Service(s):** Please select all that apply.