Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

D0320A

for CAMH use:
Client/Patient ID Label

LEGAL HISTORY
SEXUAL BEHAVIOURS CLINIC
LAW AND MENTAL HEALTH PROGRAM

Client/Patient Name:_____
(last name, first name)

Is the client/patient involved in any current **criminal** case before a court? ☐ Yes ☐ No

Is the client/patient involved in any current **civil** case before a court? ☐ Yes ☐ No

Is the client/patient appealing his/her conviction? ☐ Yes ☐ No

RECENT CONVICTIONS:_____

_____

Length of sentence:_____ Date probation completed:_____
(dd/mm/yyyy)

Multiple victims: ☐ Yes ☐ No Age(s) of victim(s):_____ Sex of Victim(s):_____

Relationship of client/patient to victim(s) (e.g.: family member, acquaintance, stranger):_____

_____

Deviant sexual preferences (e.g.: pedophilia, sadism):_____

PRIOR OFFENCE(S) (add copies of this page, if necessary.)

Offence:_____

Number of victim(s):_____ Relationship to victim(s):_____

Sex of Victim(s):_____ Age of (youngest) victim:_____

Offence:_____

Number of victim(s):_____ Relationship to victim(s):_____

Sex of Victim(s):_____ Age of (youngest) victim:_____

Offence:_____

Number of victim(s):_____ Relationship to victim(s):_____

Sex of Victim(s):_____ Age of (youngest) victim:_____

Has this individual had any previous convictions? ☐ Yes ☐ No

Has this individual been charged with a sexual offence where the charge was withdrawn or dismissed or the finding was not guilty? ☐ Yes ☐ No
If yes, when:_____

PREVIOUS TREATMENT INFORMATION

Has the client/patient been in treatment specific to sexual offending? ☐ Yes ☐ No

With whom and where? _____

Completed by: _____ _____ _____
(print name) (signature) (dd/mm/yyyy)

This form to be completed by Probation Officer and to accompany the CAMH Adult Referral form.