Referral/INTAKE SHEET

DATE: _____ **REFERRER'S CONTACT**

REFERRAL SOURCE: _____ **PHONE NO. :** _____

DUTY WORKER: _____ **ALLOCATED TO:** _____

CLIENT / PARENT / CAREGIVER **AGE:**_____ **SEX:** _____ **ETHNICITY:** _____ **IWI:** _____

ADDRESS: _____

_____

_____

PHONE: **Mobile:** **Work:** **Home:**

Email:

Preferred method of contact		**OK to leave message**	**OK to leave message with another person**	**Do you check voicemail**
Text:	☐			
Email:	☐			
Mobile:	☐		**Yes/No**	**Yes/No**
Home:	☐	**Yes/No**	**Yes/No**	**Yes/No**

CHILDREN	**AGE**	**SEX**	**ETHNICITY**	**IWI**
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Family Composition

Sole Parent – Female
Sole Parent – Male
Two Parent – (birth)
Two Parent – (step)
Individual
Couple
Other

Current or potential risk to the child/adults/self-safety? ☐

Comments: .....

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Urgency / Availability

.....

Service Requested (circle)

Counselling:
Family
Individual
Couple
Social Work
Parenting
Trauma Prog.
Grief Prog.

Issues

Child's Behaviour or Needs		Effects of Addictions	☐	Depression	☐
Parenting skills	☐	Effects of Violence / Abuse	☐	Anxiety	☐
Relationship Problems	☐	Grief	☐	Trauma	☐

☐ On a waiting list elsewhere?

Where did you hear of our Service?

Family / Friends	☐
Health	☐
Church	☐
MVCOT	
School	☐
Other CSS Prog.	☐
Other Agency	☐

Has client approached us
because this is a Catholic Agency?

☐ **Yes** ☐ **No**

Previous Client? _____ Previous Reason/Issue? _____

When: _____ With whom: _____

Brief Summary (1-2 sentences):

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