

INTAKE SHEET

DATE: _____

REFERRER'S CONTACT PHONE NO. _____

REFERRAL SOURCE: _____

DUTY WORKER: _____

ALLOCATED TO: _____

CLIENT / PARENT / CAREGIVER

AGE SEX ETHNICITY IWI

ADDRESS _____

PHONE: Home: _____ Mobile: _____ Work: _____

Email: _____

<u>Preferred method of contact</u>	<u>OK to leave message</u>	<u>OK to leave message with another person</u>	<u>Do you check voicemail</u>
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Text:

Email:

Mobile:

Home:

Yes/No

Yes/No

Yes/No

Yes/No

Yes/No

Yes/No

CHILDREN

AGE SEX ETHNICITY IWI

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

Family Composition

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

Comments: _____

Urgency / Availability

Service Requested

- Couns. Family
- Couns. Individual
- Couns. Couple
- Social Work
- Parenting
- Trauma Prog.
- Grief Prog.

[MSD1]

[MSD2]

Issues

- Child's Behaviour or Needs
- Parenting skills
- Relationship Problems

- Effects of Addictions
- Effects of Violence / Abuse
- Grief

- Depression
- Anxiety
- Trauma



On a waiting list elsewhere?

Where did you hear of our Service?

Family / Friends

Health

Church

MCOT

School

Other CSS Prog

Other Agency

Previous Client?

Previous Reason/Issue?

When:

With whom:

DETAILS: