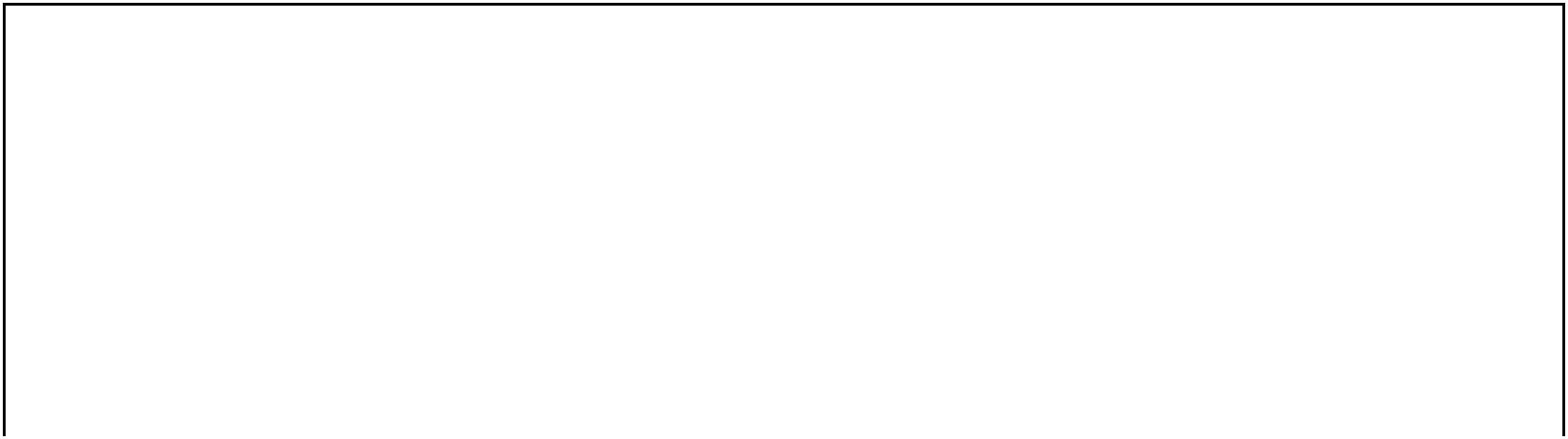
**Referral/INTAKE SHEET**

|  |  |  |
| --- | --- | --- |
| **DATE: \_\_\_\_\_\_** | **REFERRER’S** |  |
|  | **CONTACT** |  |
| **REFERRAL SOURCE:** | **PHONE NO.** | |
| **DUTY WORKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ALLOCATED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **CLIENT / PARENT / CAREGIVER** | **AGE SEX ETHNICITY** | **IWI** |

**ADDRESS**:



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

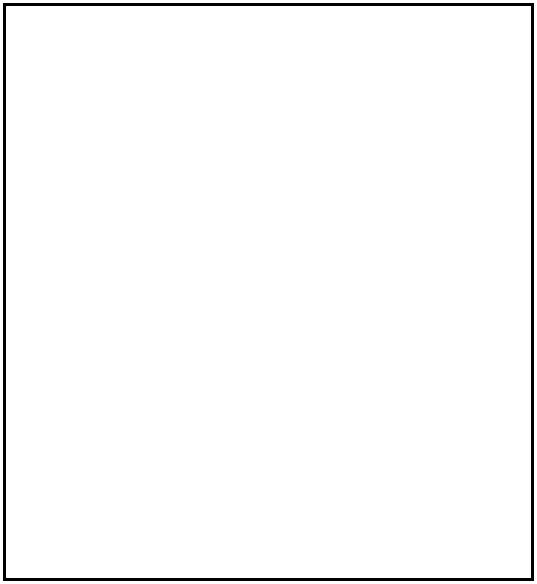
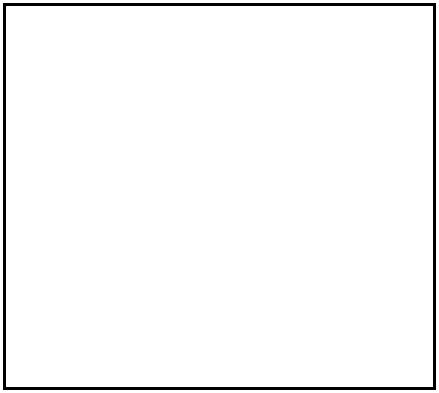
**Email**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preferred method of contact** | | **OK to leave message** |  | **OK to leave message** | **Do you check voicemail** |
|  |  |  |  | **with another person** |  |
| **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:**

**Urgency / Availability**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Requested (circle)**

**Counselling:**

**Family**

**Individual**

**Couple**

**Social Work**

**Parenting**

**Trauma Prog.**

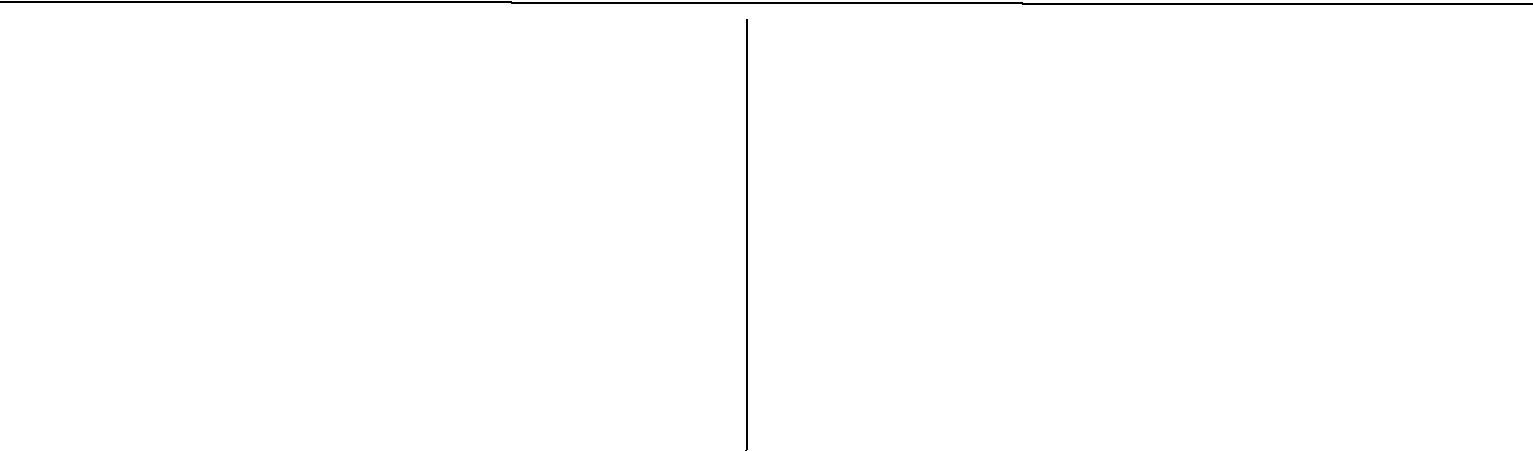
**Grief Prog.**

**Post Adoption**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issues** |  |  |  |  |  |
| **Child’s Behaviour or Needs** |  | | Depression |  |  |
| Effects of Addictions **□** |  |  |  |
| **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 |  |
| Previous Client? |  |
| When: |  |

Has client approached us

because this is a Catholic Agency?

**Yes □** **□** **No**



Previous Reason/Issue?

With whom:



**Brief Summary (1-2 sentences):**

**…………………………………………………………………**

**…………………………………………………………………**

**…………………………………………………………………**

**…………………………………………………………………**

**…………………………………………………………………**

**…………………………………………………………………**