[Insert organisation name/logo]

# CLIENT INTAKE FORM

**SECTION 1. INTAKE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intake date** |  | **Time** |  |
| **Intake staff member name** |  | **Staff member Phone** |  |
| **Program/service of interest** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client name** |  | | **Reference #** |  |
| **Address** |  | | **Date of birth** |  |
| **Phone** |  | **Mobile** |  | |
| **Cultural background** |  | **Language spoken** |  | |
| **Interpreter required** | □ Yes □ No | **Gender** |  | |

|  |
| --- |
| **Intake by** |
| □ Phone □ Face to face □ Self-referral  □ Referral from another organisation □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral organisation details** (*To complete only if referral from another organisation it’s been made.)* | | | |
| **Organisation name** |  | | |
| **Address** |  | | |
| **Hours of operation** |  | **Name of program** |  |
| **Contact name** |  | | |
| **Phone** |  | **Mob:** |  |
| **Date of referral** |  | **Date of exit** |  |
| **Client consent for referral** | □ Yes □ No | | |
| **Reason for referral** |  | | |

|  |
| --- |
| **Issues identified by referring agency** |
|  |
|  |

|  |
| --- |
| **Reason for intake** |
|  |
|  |

**SECTION 2. CLIENT CONSENT**

|  |
| --- |
| **Client consent** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree for **[insert organisation name]** to receive my personal details. I understand my involvement in this process is voluntary and I may withdraw at anytime. I also understand that I can withdraw my consent at any time. I give consent to share information relating to my treatment and needs.  **Consent type** : □Verbal - Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_Time of consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Written - Time of consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Client signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |

**SECTION 3. EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact details** | | | |
| **Full name** |  | | |
| **Relationship** |  | | |
| **Address** |  | | |
| **Phone** |  | **Mobile** |  |
| **Email** |  | | |
| **Preferred method of contact** | □ Mail □ Phone □ Mobile □ Email | | |

|  |
| --- |
| **Intake notes** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**SECTION 4. CLIENT INFORMATION ON INTAKE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current personal situation** | | | | |
| **Summary of services and treatment** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Client lives** | **Benefits** | | **Education** | **Employment** |
| □ Alone  □ With family/carer  □ Other  Please specify: | □ Yes  □ No  If so, what type? | | □ School  □ University  □ TAFE  □ Other  Please specify: | □ Full-time  □ Part-time  □ Casual  □ Seeking employment |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Family and social support** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Health issues** | | | | |
| **Physical** | | **Mental Health** | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| **Medication** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Lifestyle activities** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Legal issues** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

**SECTION 5. CHECKLIST**

|  |  |
| --- | --- |
| **Section details** | **Complete** |
| **Section 1. intake details** | **□ Yes □ No** |
| **Section 2. Client consent** | **□ Yes □ No** |
| **Section 3. Emergency contact** | **□ Yes □ No** |
| **Section 4. Client information on intake** | **□ Yes □ No** |
| **Section 5. Checklist** | **□ Yes □ No** |
| **Complete organisational information including:**   * **Safety Plan from the Client Exit Summary form** * **Safety strategies hand out ( for people with suicide or self-harm risk)** | **□ Yes □ No** |
| **Section 6. Intake outcome** | **□ Yes □ No** |

***🖌Note\****

*It is recommended to start completing the Client Exit Summary Form at intake, in particular the Safety Plan, in order to be prepare for client exit at short notice or involuntary exit. This strategy will allow staff members to identify basic client information in regards to their finances, residence, support networks and other relevant information if they are discharged at short notice.*

*\*Please delete note before finalising this document.*

**SECTION 6. INTAKE OUTCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment details (** *for staff to coordinate prior to intake meeting)* | | | |
| **Assessment date**  *(staff to suggest a few dates for the client to decide)* |  | **Time** |  |
| **Location/ address** |  | | |
| **Staff member (1)** |  | **Staff member (1) Phone** |  |
| **Staff member (2)** |  | **Staff member (2) Phone** |  |
| **Assessment complete** | □ Yes □ No | | |
| **Assessment outcome** |  | | |

|  |  |  |
| --- | --- | --- |
| **Intake outcome** | **Follow-up actions**  *(e.g. inform client with letter)* | **Complete** |
| **□** Provision of service |  | □ Yes □ No |
| **□** Place on waiting list |  | □ Yes □ No |
| **□** Referral to another agency |  | □ Yes □ No |
| **□** Service access decline |  | □ Yes □ No |
| **□** Other: |  | □ Yes □ No |

|  |  |
| --- | --- |
| **Date** |  |
| **Staff member name** |  |
| **Staff member signature** |  |