[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** |  | |
| **Aboriginal and/or Torres Strait Islander** |  | **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 has been made)* | | | |
| **Organisation name** |  | | |
| **Address** |  | | |
| **Hours of operation** |  | **Name of program** |  |
| **Contact name** |  | | |
| **Phone** |  | **Mob:** |  |
| **Date of referral** |  | **Notified referrer of outcome** |  |
| **Client consent for referral** | Yes No | | |
| **Reason for referral** |  | | |

|  |
| --- |
| **Client history** |
|  |

**SECTION 2. CLIENT CONSENT**

|  |
| --- |
| **Client consent** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree for **[organisation name]** to receive my details of treatment. I understand my involvement in this process is voluntary and I may withdraw at any time. 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** | **Income** | | **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** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Legal issues** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

**SECTION 5. CHECKLIST**

|  |  |
| --- | --- |
| **Section details** | **Complete** |
| **Section 1. Intake details**  **Notified referrer** | **Yes  No**  **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** |
| **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 prepared for client exit at short notice or involuntary exit. This strategy will allow staff members to identify basic client information with regard 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** | **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** |  |