**COUNSELLING CLIENT INTAKE**

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| **Counsellor:** |  | **CSO:** |  | **Service Date:** |  |

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| **SERVICE DETAILS** | | | | | | | New Client Exiting Client | | | | | | | | | | | | | | |
| **Service Type:** | | | | | | | | | | | | | | | | | | | | | |
| Discrete non legal support | | | | | | | | Ongoing non legal support | | | | | | | | | | |  | | |
| **REFERALL** | | | | | | | | | | | | | | | | | | | | | |  | |
| **Contact type: Referred from:** | | | | | | | | | | | | | | | | | | | | | |
| Face to face  Telephone  Mail  Email | | | | | | | | NAAFLS  CVSU  DPP  NAAJA | | | | | | | | | | | Community safe house  Community member  Other | | |
| **Interpreter Used:** | | | | | | | |
| Yes | | | | | | | | No | | | | | | | | | | |  | | |
| **Financial Disadvantage:** | | | | | | | | | | | | | | | | | | |
| Yes – Does not have means to pay  Yes – Centrelink Benefit  Yes – Other | | | | | | | | Yes – Centrelink Benefit  No | | | | | | | | | | | Yes – Cannot Access Finances Temporarily  Unknown | | |
| **Family Violence Indicator:** | | | | | | | | | | | | | | | | | | |
| Yes  Unknown | | | | | | | | No  N/A | | | | | | | | | | | At Risk | | |
| **Homelessness Status:** | | | | | | | | | | | | | | | | | | | | | |
| Yes  Unknown | | | | | | | | No  N/A | | | | | | | | | | | At Risk | | |
| **CLIENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **Legal First Name:** | | | |  | | | | | | | | **Surname:** | | | | | |  | | | |
| **Pref. Name (Alias):** | | | |  | | | | | | | | **DOB:** | | | | | |  | | | |
| **Address:** | | | |  | | | | | | | |  | | | | | |  | | | |
| **Community:** | | | |  | | | | | | | | **Gender:** | | | | | | Male Female | | | |
| **Phone Number:** | | | |  | | | | | | | |  | | | | | |  | | | |
| **ALTERNATIVE CONTACT** | | | |  | | | | | | | | | | | | | | | | | |
| **First name**: | | | |  | | | | | | | **Surname:** | | | | | | | | | | |
| **Phone:**  **Address:**  **Relationship to Client:**  Cultural Marriage  Parent | | | |  | | | | | | | **DOB:**  **Community**  **Gender :**  Male Female  Legal Marriage  Unknown Other  **Support person required for Session :**  Yes  No | | | | | | | | | | |
| **ADDITIONALPARTIES**  Other Related | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **First name**: | | |  | | | | | | | | | | | | | **Surname:** | | | |  | |
| **Phone:** | | |  | | | | | | | | | | | | | **DOB:** | | | |  | |
| **Address**: | | |  | | | | | | | | | | | | | **Community:** | | | |  | |
| **Relationship to Client:** | | | Husband  Ex-Husband  Wife  Ex-Wife  Defacto  Ex-Defacto  Parent  Sibling  Dec. Person  Other: | | | | | | | | | | | | | **Gender:** | | | | Male Female | |
| **Incarcerated:** | | | Yes  No | | | | | | | | | | | | |  | | | |  | |
| **CHILD/REN DETAILS - Child/ren in child protection?**   Yes No | | | | | | | | | | | | | | | | | | | | | |
| **Client’s Children**  Yes  No **Are the children related to both Parties?**   Yes  No  **Number of Dependent Children?**  **Number of Other Dependents?** | | | | | | | | | | | | | | | | | | | | | |
| **Family Law/CINOP Orders in Place**  Yes  No  **Are the children from previous relationship**  Yes  No  First name:                                                             Surname:                                                        DOB:  First name:                                                             Surname:                                                        DOB:  First name:                                                             Surname:                                                        DOB:  First name:                                                             Surname:                                                        DOB:  First name:                                                             Surname:                                                        DOB:  First name:                                                             Surname:                                                        DOB: | | | | | | | | | | | | | | | | | | | | | |
| **CONFLICT CHECK**  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| **Conflict identified:**  Yes  No | | | | | |  | | | | | | | | **NOTE**: If a conflict is identified please contact PLO  **Date**: | | | | | | | |
| Completed by: | | | | | |  | | | | | | | | **Supporting agencies:**  Yes  No  If yes, please state supporting agency | | | | | | | |
| **CLIENT LANGUAGE GROUP AND IDENTITY** | | | | | | | | | | | | | | | | | | | | | |
| **Identify as:** | | | | | | | | | | | | | | | | | | | | | |
| Aboriginal | | | | | Torres Strait Islander | | | | | | | | | | Both | | | | | | |
| **Main language spoken:** | | | | | | | | | | | | | | | | | | | | | |
| English 1201  Tiwi 8117  Anindiliyakwa 8101 | | | | | Kriol 8701  Murrinh Patha 8112  Other | | | | | | | | | | Anindiliyakwa 8101  Yolngu Matha 8900 | | | | | | |
| **English Proficiency:** | | | | | | | | | | | | | | | | | | | | | |
| **Spoken:** | Well | | | | | | | | | Not Well | | | Not at all | | | | Not Stated | | | |
| **Written:** | Well | | | | | | | | | Not Well | | | Not at all | | | | Not Stated | | | |
|  |  | | | | | | | | |  | | |  | | | |  | | | |
| **INSTRUCTIONS/ADVICE** | | | |  | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | |  | **NOTE**: If a conflict is identified please contact PLO  **Date**: | |
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