

Client Intake Form

Date: _____

Please hand to Counsellor or email: reception@yafa.com.au

Clients Name _____ **Surname** _____ **Sex** _____

Home Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile _____

Email Address _____

Date of Birth _____ Occupation _____

Emergency Contact _____

Relationship _____ Phone _____

Reason for Counselling _____

Any Medical Conditions/Allergies (that Yafa needs to be aware of) _____

Details of family members who will be seeing or may see the counsellor:

Parent's/Partner's Name _____ **Surname** _____

Mobile _____ Date of Birth _____

Child 1 Name _____ **Surname** _____

Date of Birth _____ Mobile (if different) _____

Child 2 Name _____ **Surname** _____

Date of Birth _____ Mobile (if different) _____

Client Intake Form (cont'd)

Do you identify with being of Aboriginal or Torres Strait Islander descent? YES / NO

Are you from a culturally and/or linguistically diverse background? YES / NO

If yes, please provide detail ie: language, religion, culture, country of birth or descent?

Is English your first language? YES / NO

How did you hear about YAFA? _____

Are you or the client: (please circle)

A Family Unit Child over 11 Individual Parent Guardian/Grandparent
Couple Expecting Mother Special Needs Child Other _____

Has there been Child Safety Department involvement? YES / NO

If Yes, please provide brief details (including current involvement) _____

Please complete if NDIS or Home Care Package Client:

I agree to cover out of pocket expenses if my care provider has insufficient funds: YES / NO

Would you like to receive SMS reminders for appointments? YES / NO

To Be Completed if Agency Referral:

Referring Agency Name _____

Person's name _____ Date Referred _____

Please provide a brief outline of the case: (please attach extra page if more space required)

