

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 _____

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)

Are you or the client: (please circle)

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

Is there any Medical Conditions/Allergies (that YAFA needs to be aware of) _____

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

Has there been Child Safety Department involvement? (historical or current) YES / NO

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

Are there any Family Court orders in place? YES / NO

If yes, please provide details _____

How did you hear about YAFA? _____

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

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