

CLIENT INFORMATION FORM ADULT

Date Received by START:

(Office Use Only).

(566 656 61)			
Please complete both sides as m your referral and may be used in			
Full Name:			
Address:			
Telephone:	(home)	(cell	phone)
Date of Birth:	Occupatio	on:	
Ethnicity:(If Maori please state tribal affiliation)			
Home situation: e.g. partne	er/flatmates/family:		
Why have you referred you	urself for counselling (p	resenting issues)?	
Previous contact with STAF	RT: (Please supply approx. date).		
Counselling	Consultation Onl	ine Phone	
How did you hear about ST	TART?		••••••
Previous counselling histor	y elsewhere:		
Do you have a Protection O		-Your children?	YES/NO YES/NO

Are there any persons of concern to you that we need to know about?			
Have you previously had an ACC Sensitive Claim? (include your claim number if known):	Yes/No		
If you have had contact with ACC, do you give consent for START to them regarding your previous claim to aid the referral process?	contact Yes/No		
GP's name and contact details			
Consent to contact GP if appropriate	Yes/No		
Have you had contact with the Police regarding the abuse? Do you consent to START speaking with Police where appropriate?	Yes/No Yes/No/NA		
Signature			
Please indicate days/times you would be <u>unable</u> to attend counselling Please note that restricted availability for appointments may result in a longer would be unable to attend counselling please note that restricted availability for appointments may result in a longer would be unable to attend counselling please note that restricted availability for appointments may result in a longer would be unable to attend counselling please note that restricted availability for appointments may result in a longer would be unable to attend counselling please note that restricted availability for appointments may result in a longer would be unable to attend counselling please note that restricted availability for appointments may result in a longer would be unable to unable the unable that restricted availability for appointments may result in a longer would be unable to unable the unable to unable the unable to unable the unable to unable the unable that the unable to unable the unable that unabl	•		
Any other relevant information (other services involved, issues that influence counselling etc)	_		
Do you want to receive text reminders for your appointments?	Yes/No		
Is it ok to leave telephone messages for you?	Yes/No		
Please telephone us on (03) 355 4414, fax (03) 355 5804 if you have any questions aborequire any assistance to complete it. START's postal address: PO Box 21022, Edgew 8143.	•		
Signed: Date:			