



Waiuku Family Support Network

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Client Intake Form

*Date: _____

*First Name: _____

*Last Name: _____

*Date of Birth: _____

*Gender: Female / Male / Intersex / Transgender

*Address: _____

*Home Phone: _____

*Mobile Phone: _____

*e-mail: _____

Ethnicity: Asian Other / Chinese / Pakeha / Indian / MELAA / Maori / Niuean /
Pasifika Other / Samoan / Tongan

Iwi: _____ **Hapu:** _____

Country of Birth: _____ **Religion:** _____

Home Language: _____ **Standard of English:** Read / Write / Both

Marital Status: Single / Married / Defacto / Civil Union / Separated / Divorced / Widowed

(Ex) Partner's Name: _____

Date of Birth: _____ **Phone No:** _____

Address: _____

Protection Order? Yes / No

Dependents / Children

Name: _____

Date of Birth: _____ **Gender:** F / M / I / T

Name: _____

Date of Birth: _____ **Gender:** F / M / I / T

Name: _____

Date of Birth: _____ **Gender:** F / M / I / T

Name: _____

Date of Birth: _____ **Gender:** F / M / I / T

Name: _____

Date of Birth: _____ **Gender:** F / M / I / T

Income Source: Benefit / Employed / Other / Pension / Self Employed / Unemployed /
Unemployed – Seeking Work

Employment Status: _____

Accommodation Status: _____

Smoking Status: Ex-Smoker / Non Smoker / Smoker

Emergency Contact

Name: _____

Phone No: _____ **Relationship:** _____

Services Required

Counselling: Individual / Couples / Family / Child

Social Work

Budgeting

Do you have any immediate or specific safety concerns? If so please specify:

Referrer Details

Name: _____

Agency: _____

Phone: _____ **e-mail:** _____

I give permission for Waiuku Family Support Network Trust to collect any other relevant information that will assist in supporting me. Confidentiality is maintained within the WFSN team. This information may be viewed by the MSD/MVCOT for auditing and funding purposes. Practitioners are obliged to report any concerns of a serious nature regarding children to MVCOT.

Client Signature: