

HANMER CLINIC TAURANGA INITIAL INQUIRY & CLIENT FACE SHEET

Date of Initial Contact:	Time:	Information taken by:	Entered into RecordBase:
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NHI Number	Admission Date	<input type="checkbox"/> 1st Admission	<input type="checkbox"/> Re-admission
Surname			Gender <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name(s)		Preferred Name	
Date of Birth		Place of Birth	
Address			
Telephone Numbers: Home		Work	Mobile
Ethnicity <input type="checkbox"/> NZ/European <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			
Legal Status <input type="checkbox"/> None <input type="checkbox"/> Probation <input type="checkbox"/> Court Case Pending			Date of Court Case

REFERRAL SOURCE			
<input type="checkbox"/> Self-Help	<input type="checkbox"/> Former patient	<input type="checkbox"/> Phone Book	
<input type="checkbox"/> Community Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Advertising _____	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Business	<input type="checkbox"/> Other _____	

Presenting Problems:

WHEN/ WHAT TIMES ARE YOU AVAILABLE FOR AN APPOINTMENT TIME?

DO YOU HAVE A PREFERENCE FOR COUNSELLOR? We will try to meet this depending on caseloads	Yes	No	Male	Female	Maori
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Client has been invited to bring an advocate/ support person(s) / interpreter with them if they wish	Yes	No
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OUTCOME

Appointment Scheduled with: _____ on: _____
(name of counsellor) (Date and time)

FOR CLINICAL STAFF TO COMPLETE

<p><i>Emergency Contact</i> Name Address</p>	<p>Relationship Phone No</p>
<p><i>General Practitioner</i> Name Address</p>	<p>Phone No Fax No</p>
<p><i>Referrer</i> Name Address</p>	<p>Phone No Fax No</p>
<p>Has referrer been notified – Yes / No (pl circle)</p>	