| Case INTAKE FORM *Office use only* | Client ID/ Ref no. |  | Case worker:  |  |
| --- | --- | --- | --- | --- |
| Risk Level: Service Required: IDVA/FS/BAMER/FP/SP  |
| **Referrers details**  | **Client details**  |
| Date  |  | Client name |  |
| Agency Name |  | DOB and Age  |  |
| Name  |  | Gender |  |
| Phone no./ email  |  | Telephone number  |  |
| Comments from referrer:  | Telephone number (mobile) |  |
| Code word/safe time to call |  |
| Other useful telephone no.  |  |
| Address:  |  |
| Safe to write to? | Yes  | No  |
| Alternative address  |  |
| Safe to write to?  | Yes  | No  |
| **Client details: Ethnicity**  | Sexual orientation  |  |
| Language(s) spoken |  |
| Translator required  |  |
| Immigration status  |  |  |  |
| Religion  |  |  |  |
| **Children:**  |
| Are there any child contact issues?  | **Yes/No/Unknown**  |
| **Children(s) names**  | **Gender** | **DOB/Age**  | **Relationship to child**  | **Does Perp. have Parental Responsibility?** | **School**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***Pregnant***  | ***Yes***  | ***Due date:*** |  | **Is this a high risk with RIC 14+ referral** | **Yes** |
| ***No***  | **No** |
| **Is client registered with a GP**  | **Yes** |  |  |  |
| **No** |

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| **Reason for the referral**: *i.e. details of incident prompting referral/ history of relationship/ including police call outs/ A&E attendances/ injuries/ children witnessing*  |
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| **Client information:**  |
| Types of abuse experienced. Please tick all that apply.  |
| Physical  |  | Verbal  |  |
| Emotional  |  | Coercive Behaviour |  |
| Sexual  |  | Honour Based Violence  |  |
| Economic  |  |  |  |
| **Describe relationship and living arrangements.** E.g. *on/off relationship, client lives with Mum, perp stays over occasionally.*  |
|  |
| **Please clearly indicate support required in the following areas**  |
| **Mental health and well being**  | **Substance misuse/ alcohol use**  |
| Mental health issues  |  | Drugs  |  |
| Diagnosis  |  | Alcohol  |  |
| Treatment  |  | Treatment  |  |
|  **Employment needs** | **Housing Needs** |
| Unemployed  |  | Homeless  |  |
| Employed  |  | Perp remains in property |  |
| In training/ education  |  | Insecure housing |  |
| **Other** |
| Literacy or numeracy needs |  | Criminal justice/court proceedings |  |
| Please provide further details of support required in the highlighted areas  |
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| **Significant/Known Risk Factors:** *i.e staff safety issues, serial or repeat perpetrator, suitable times to call client/ HBV/ suicide self-harm/ MARAC case* |
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| **Perpetrator information:**  |
| Name  |  | Ethnicity  |  |
| DOB/ Age |  | Language(s) spoken |  |
| Address  |  | Translator required  |  |
| Immigration issues  |  |
|  |  |
| **Mental health and well being**  | **Substance misuse/ alcohol use**  |
| Mental health issues  |  | Drugs  |  |
| Diagnosis  |  | Alcohol  |  |
| Treatment  |  | Treatment  |  |
| **Describe Employment**  | **Caring responsibilities/ Disability/ literacy or numeracy difficulties**  |
| Unemployed  |  | Caring responsibilities  |  |
| Employed  |  | Disability  |  |
| In training/ education  |  | Literacy or numeracy difficulties |  |
| **Other: Please state** |  |