| 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** |  | | | |