

Ngukuthati Children & Family Centre

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North West Queensland Indigenous
Catholic Social Services



MATERNITY INTAKE AND ASSESSMENT FORM

PRIMARY PARENT DETAILS:

NAME:	DOB:
COUNTRY OF BIRTH:	GENDER:
CULTURAL IDENTITY:	LANGUAGE:
PHONE NO:	PARENTAL STATUS:
ADDRESS:	
BEST TIME OF DAY TO CONTACT:	

BY SIGNING BELOW YOU ARE GIVING PERMISSION FOR OUR WORKERS TO STORE YOUR PERSONAL INFORMATION ON OUR INTERNAL SYSTEM.

CLIENT NAME: _____ CLIENT SIGNATURE: _____

PARENT 2 DETAILS:

NAME:	DOB:
COUNTRY OF BIRTH:	GENDER:
CULTURAL IDENTITY:	LANGUAGE:
PHONE NO:	PARENTAL STATUS:
ADDRESS:	
BEST TIME OF DAY TO CONTACT:	

CHILD DETAILS:

NAME:	DOB:
COUNTRY OF BIRTH:	GENDER:
CULTURAL IDENTITY:	LANGUAGE:

CHILD DETAILS:

NAME:	DOB:
COUNTRY OF BIRTH:	GENDER:
CULTURAL IDENTITY:	LANGUAGE:

DO YOU NEED SUPPORT IN REGISTERING THE BIRTH OF YOUR CHILD? _____

DO YOU NEED SUPPORT IN GETTING A BIRTH CERTIFICATE? _____

A 6 WEEK FOLLOW UP CONSISTS:

- General check in to see if any support is needed for the family
- Assisting with booking appointments for first immunisations
- Linking in with playgroups and social connections
- Post-natal support and much more

DO YOU CONSENT TO A 6 WEEK FOLLOW UP FROM OUR STAFF? _____