

GENERAL INTAKE FORM

Date: _____

Time: _____

Site of Intake: _____

I. CLIENT'S IDENTIFYING INFORMATION:

Name: _____ Nickname/a.k.a: _____

Birthdate: _____ Age: _____ Sex: _____

Status: _____ Nationality: _____

Religion: _____ Birthplace: _____

Provincial/Permanent Address: _____

Present Address: _____

Source of Referral: _____ Date of Referral: _____

Address and Tel. #: _____ Relation to client: _____

EDUCATIONAL ATTAINMENT:

	NAME OF SCHOOL	SCHOOL ADDRESS	YEAR
Elementary			
Highschool			
Senior High School			
Vocational Course			
College			
Others			

SACRAMENTAL RECORD:

Sacrament	Date Received	Place/Parish
Baptism		
First Communion		
Senior High School		
Confirmation		
Others		

II. FAMILY/HOUSEHOLD COMPOSITION:

Husband/Father: _____ [] Living [] Deceased _____

Birthdate: _____ Age: _____ Educational Attainment: _____

Occupation: _____ Other Skills: _____ Income: _____

Address and Tel. Nos. _____

Mother/Wife: _____ [] Living [] Deceased _____

Birthdate: _____ Age: _____ Educational Attainment: _____

Occupation: _____ Other Skills: _____ Income: _____

Address and Tel. Nos. _____

Guardian: _____ Relation to the client: _____

Address: _____

CIVIL STATUS OF PARENTS:

Date and Place

<input type="checkbox"/> Married in church <input type="checkbox"/> Live-in/Common Law <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Separated	_____

FAMILY COMPOSITION (Siblings/Children):

Name	Relation to the client	Age DOB	Sex	Status	Educ. Attainment	Address	Occupation/Income
1							
2							
3							
4							

OTHERS EXTENDED FAMILY:

Name	Relation to the client	Age DOB	Sex	Status	Educ. Attainment	Address	Occupation/Income
1							
2							
3							

SERVICES RECEIVED FROM OTHER AGENCIES/INDIVIDUALS:

Name of agencies/persons	Address/date/duration	Services Received
1.		
2.		
3.		

III. BRIEF DESCRIPTION OF THE CLIENT UPON INTAKE**Client:**

Parents / Relatives / Guardian:

IV. PROBLEM PRESENTED:

V. BRIEF HISTORY OF THE PROBLEM:

VI. MEDICAL HISTORY / HEALTH STATUS

VII. ECONOMIC SITUATION

VIII. FAMILY BACKGROUND

IX. ASSESMENT

Client is eligible for the following program/services:

() Children

_____ Blessed Rosalie Rendu _____ Blessed Margaret Rutan _____ Blessed Martha Wiecka

() Youth (SAVES)

() Mother Seton Crisis Intervention

X. RECOMMENDATION/PLAN OF ACTION

Intake Worker

Recommending Approval:

Approved by:

Head, DSWD

Administrator