

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. ASSESSMENT

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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

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## Intake Worker

Recommending Approval:

Approved by:

Head, DSWD

Administrator