

CONTACT CENTRE CANBERRA (CCC)

CLIENT INTAKE FORM	
NAME:	
Phone Number:	
Address:	
Email:	
Child/ren's Names and DOB:	
Name of School:	
Do you or your child/ren have any known medical issues?	
Do you or your child/ren have any known Allergies?	
Is there any child protection involvement?	Please provide details: Date?
Are there any Interim Orders or Parenting Agreement?	Please provide a copy to CCC
Is there a current IVO/AVO	Please provide a copy to CCC
Are there any AOD concerns?	
Are there any Safety concerns for you or the child/children?	
Name of Family Lawyer:	

CLIENT INTAKE FORM	
Have there been any contact arrangements prior to using this Service?	Please provide details:
Date of last contact with the child/ren?	
Are you required to attend any other services?	Please provide details:
Are you required to attend any parenting courses?	Please provide details:
Do you or your child/children attend Counselling?	Please provide name and contact details
Emergency Contact person	Please provide name and phone number
How did you hear about this Service?	

Additional Information/Concerns:

Signature:

Dated:

Please sign and date this form and submit a copy to Contact Centre Canberra (CCC) by email to debistu50@gmail.com