Basic Client Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Date of Birth: | [DOB] | Gender: | ☐ Male ☐ Female ☐ Other |
| Phone Number: |  | Alternate Phone Number: |  |
| Email Address: |  | Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text |  |

Call Details

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Call: | [Date] | Time of Call: | [00:00] |
| Call Duration: | [XX:XX] | Staff Member Taking Call: | [Name] |
| Purpose of Call: | ☐ New Inquiry ☐ Follow-Up ☐ Emergency ☐ Other If Other, please specify: | | |

Reason for Call

|  |  |
| --- | --- |
| Brief Description of Issue/Concern: |  |
| Immediate Needs or Requests: |  |
| Is this issue urgent? ☐ Yes ☐ No | If Yes, please specify: |

Current Services

|  |  |
| --- | --- |
| Are you currently receiving any services from our organization? ☐ Yes ☐ No | If Yes, please specify: |
| Have you contacted us before? ☐ Yes ☐ No | If Yes, please provide details: |

Client Background Information

|  |
| --- |
|  |

Referral Source

|  |  |
| --- | --- |
| How did you hear about us? | ☐ Internet ☐ Referral ☐ Advertisement ☐ Other |
| If Referral, please specify: |  |
| If Other, please specify: |  |

Next Steps

|  |  |  |  |
| --- | --- | --- | --- |
| Action Required: | ☐ Schedule an Appointment ☐ Provide Resources ☐ Immediate Follow-Up ☐ Refer to Specialist ☐ Document Only ☐ Other  If Other, please specify: | | |
| Follow-Up Appointment Scheduled: | Date: [DD/MM/YYYY] | Time: [00:00] | Assigned Staff: [name] |
| Additional Notes: |  | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Intake Completed by: |  | | |
| Client ID Number: |  | Date Entered into System: | [Date] |
| Follow-up Action Taken: |  | | |

Prepared by: wordexceltemplates.com