Service Intake Form

CAMBRIDGE
Community House
TE WHARE MANAAKI TANGATA
CAMBRIDGE COMMUNITY AGENCIES NETWORK TRUST

Date: ..... Have you accessed our service before? Yes/No

Full Name: ..... Preferred name: .....

Date of Birth: ..... Age: ..... Gender: M F Other .....

Address: .....
Can we send mail to this address? Yes/No

Telephone: ..... Mobile: .....
Can we leave a message on this number? Yes/No Can we text you on this number? Yes/No

Email (optional).....

Is there an alternative person we can contact on your behalf or in case of an emergency? Yes/No

Name: ..... Relationship: ..... Phone no: .....

Please indicate your residency status:
NZ Citizen NZ Resident Other (if other please explain) .....

Which Ethnic group or Nationality do you most closely identify with?
Tick as many as applicable

NZ Maori ❑ Iwi .....
NZ Pakeha ❑ Other Ethnic Group ❑ (Please Specify).....
European ❑ Asian ❑ (Please specify).....
New Zealander ❑ Pacific ❑ (Please specify).....

Who referred you to our service? .....
(E.g. Doctor, Friend, Family, Self, other service/agency)

Current Doctor: ..... Location: .....

Do you have any allergies or medical alerts? Yes/No: .....

Do you have any specific support needs? E.g. hearing, visual, mobility, literacy, other? Yes/No

If yes, please explain.....

Are you currently with another agency? Yes/No: .....
(E.g. CADS, Adult Mental Health, ICAMHs, Budget, CYFS, Probation, Diversion)

FOR STAFF USE ONLY

Services Required : .....

Staff Member/s:..... Contract: .....

Allocation: Urgent ☐ Semi Urgent ☐ Non Urgent ☐

Added to Waitlist: ❑ 1st Appointment Date: .....

PLEASE TURN OVER TO COMPLETE REMAINDER OF FORM ☺

Do you have any children under the age of 18?
If so, please give details below:

Name	Date of birth	Do they live with you?
.....	.....	Yes/No
.....	.....	Yes/No
.....	.....	Yes/No
.....	.....	Yes/No
.....	.....	Yes/No

Please indicate which best describes your reasons for contacting us

Tick as many as applicable then place a star next to the most pressing reason *

Information or support	❑	Health	❑
Money / Finances	❑	Alcohol and/or Drug	❑
Family	❑	Anxiety	❑
Relationship	❑	Depression	❑
Stress	❑	Anger	❑
Grief / Loss	❑	Violence or Abuse	❑
Literacy (reading/writing)	❑	Other	❑

Is there any additional information you would like to provide us with?

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In completing this form you are requesting assistance from our agency. For our records we will add your details to our database for statistical purposes and to contact you for an appointment.

Please sign here to agree to these terms.

Signature: .....

Name: .....

Date: .....

We look forward to offering you an appointment as soon as possible.