

Client Assessment Form

Name: _____

Contact no: _____

Identity: (circle)

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Other (please specify) _____

Gender:

Male ☐

Female ☐

Marital Status:

Single ☐

Married ☐

Defacto ☐

Divorced ☐

Nominated support person: _____ Contact no: _____

Assessment Officer: _____ Contact no: _____

Presenting issues:

Assessment:

Strengths:

Weaknesses:

Recommendation (circle): Referral-out Case manage

Client assessment completed by:

_____ Date:

(Name and Signature of Assessment Officer)