

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)