



# CLIENT INFORMATION FORM ADULT

Date Received by START: \_\_\_\_\_ (Office Use Only).

Please complete both sides as much as you can. This information may be used in a non-identifiable way by START for statistical purposes.

Full Name: .....

Address: .....

Telephone: .....(home) .....(work)

Date of Birth: ..... Occupation .....

Ethnicity: .....  
*(for statistical purposes only, if Maori please state tribal affiliation)*

Home situation: e.g. partner/flatmates/family: .....  
.....

### Why have you referred yourself for counselling (presenting issues)?

.....  
.....  
.....

Previous contact with START: (Please supply approx. date).....

Counselling       Consultation       Phone

How did you hear about START? .....

Previous counselling history elsewhere: .....  
.....

Have you previously had an ACC Sensitive Claim **Yes/No:**

Details: .....  
.....

Please indicate days/times you would be **unable** to attend counselling?

Please note that restricted availability for appointments may result in a longer waiting period.

.....

Community Services Card

Yes/No

**In order to provide the best possible service to you it is important that we are able to co-ordinate with other professional agencies you may be working with at present or have worked with in the past. Please list any agencies and the contact person below, if there are no other agencies involved please sign at the bottom of the page.**

**Consent for START Inc to Obtain Information**

I .....(DOB: ) give START Inc permission to contact, the following agencies for reports and information.

<b><u>Agency</u></b>	<b><u>Contact Person</u></b> (where possible)	<b><u>Permission to contact</u></b>
G.P.:	.....	Yes/No
ACC	.....	Yes/No
(claim #	.....)	
Other:		
.....	.....	Yes/No

SIGNED: .....

DATE: .....

*Please telephone us on (03) 355 4414, fax (03) 355 5804 if you have any questions about this referral or require any assistance to complete it. START's postal address: PO Box 21022, Edgeware, Christchurch 8143.*

Signed: .....

Date: .....