



CLIENT INFORMATION FORM
YOUNG PERSON

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/cell)

Date of Birth: Age:

Ethnicity: Male/Female
(for statistical purposes only, if Maori please state tribal affiliation) (Please circle)

Current Living Arrangements: (Please give names and ages (where appropriate) of all other people who live at this address, including who they are in relation to the young person- e.g. mother, sibling, boarder)
.....
.....
.....

If not mentioned above please note:

Mother's Name and Address:

Father's Name and Address:

If appropriate, please describe the current custody and access arrangements
.....

Emergency Contact: Name Relationship
Address Ph:

Relationship of Abuser:

Statutory Body Disclosed To: (Please indicate Police or CYFS and location of office).
.....

Has an Evidential Interview been completed? **Yes/No**
Has a Medical Examination been Carried Out? **Yes/No**

Has the abuser been prosecuted, or are there plans to do so? **Yes/No**

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

Previous contact with START regarding this young person: (Please supply date).....

Counselling

Consultation

Phone

Where did you hear about START's services?.....

Previous counselling history elsewhere:

.....

Has the young person previously had an ACC Sensitive Claim **Yes/No:**

Details:
.....

What Difficulties Relating to the Abuse is the Young Person Currently Experiencing?.....

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

Any Other Relevant History or Information:

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

Name and relationship of person attending counselling with young person:

.....

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

Form information filled in by:

Name:

Date :

Signature:

In order to provide the best possible service to the referred young person, it is important that we are able to co-ordinate with other professional agencies the young person may be working with at present or have worked with in the past. Please list any agencies and the contact person below.

Consent for START Inc to Obtain Information

I(caregiver/guardian) give START Inc permission to contact the following agencies for reports and information relating to(child) (DOB.....).

Agency **Contact Person** (where possible)

Evidential Unit **Yes/No**
 (NB. to be able to process your referral to START, we need to be able to access the report from the evidential unit)

G.P.: **Yes/No**

CYFs:

ACC : **Yes/No**

(claim #)

Other (e.g. police):

..... **Yes/No**
 **Yes /No**

SIGNED: (caregiver/guardian)

..... (young person-where appropriate)

DATE: