

## Assessment / Intake Initial Contact Sheet

Date: \_\_\_\_\_ Family Violence Specialist: [Click here to enter text.](#)

Telephone:  \_\_\_\_\_ Walk-In

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Client Name:		Safe to leave message? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Contact Number:		Referred By:	
Full Address:		Referral's Given:	
Postal Code:			
Email Address:			

### Other Personal Details

Male:  Female:  Transgender:

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Aboriginal: Choose an item.

Immigration Status: Canadian Citizen Arrival in Canada: \_\_\_\_\_ Language: \_\_\_\_\_

### Information about the Family Violence

Is someone close to you hurting you: Physically:  Emotionally:  Sexually:  Financially:  Stalking:

Spiritual:  Immigration:  Technological:  Confinement:

Are you still residing with that person? Yes:  No:  Name: \_\_\_\_\_

Relationship:

Spouse:  Common Law:  Dating:  Parent/Sibling:   Other: \_\_\_\_\_

Children Involved: Yes:  No:

Child	DOB / Age	Relation to You	Living With

Child & Family Services Involved: Yes:  No:  Outcome: \_\_\_\_\_

Office and/or Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have the police been involved:

Number of Times:

Dates:

Outcome of Police Involvement:

Charges:

Are there protective orders: EPO:  Restraining Order:  Peace Bonds:

Dates:

When was the last incident of family violence?

Was medical attention required because of the violence?

Should you have accessed medical attention?

Threats or harm to: Other People:  Pets:  Property:  Self:

Has the person using abusive behaviors made death threats?

Access to guns or weapons?

Strangled you (choked)?

1. Are you having difficulty breathing or swallowing?
2. Do you have a cough or voice changes?
3. Did you lose or nearly lose consciousness?
4. Did you lose control of bowel or bladder?
5. Did you think you were going to die?

*(If the victim is female or of child bearing age; ask if she is pregnant)*

Safety Plan (on phone): Yes:  No:

Date of Appointment:

Reason for Call: