SCREENING/INTAKE TEMPLATE

Client Name:_____ Date: _____

CCP Staff Name: _____

Referral

- ❒ Self-referral (circle one) Phone Walk-In
- ❒ Referred by other Agency Name: _____
- ❒ EAP/EFAP (circle one) Yes No

If yes, employer: _____

Client Information

Name: _____

Date of Birth: _____

Healthcare Number: _____ Health Care Expiry: _____

Gender (circle one): Male Female

Address: _____

_____

_____

_____

Phone Number:

Home: _____

Cell: _____

Other: _____

Is it okay to leave a message? (circle one)	Yes	No

Reasons for Seeking CCP Services

What brings you here?

_____

_____

_____

____

How can I help you?

_____

_____

_____

____

Client's Need(s)

_____

_____

_____

____

Other information that may be important to assess client's needs for service

_____

_____

_____

____

Client Priority Level and Risk Factors

Level of Risk

This section is to be filled out if intake worker has concerns over the safety of the client or of the safety of another person

Do you currently have thoughts of harming yourself? (circle response):

No Yes

If yes, use suicide intervention protocol

Do you currently have thoughts of harming someone else? (circle response)

No Yes

Is there any immediate possible harm to you or someone else?

No Yes

If the client answered yes to any of these questions they are at high risk

Risk Factors (please check all that apply):

- ☐ Current substance use or abuse (if yes, which substance(s)): _____
- ☐ Family violence (current)
- ☐ Sexual Assault (current)
- ☐ Past suicidal ideation or attempt
- ☐ Other (please identify): _____

Risk Level (Circle one):

High Medium Low

Client Priority Level:

Needs to be seen immediately Needs to be seen within 24 hours

Needs to be seen within a week Waitlist

Decision

Action Taken:

_____

_____

_____

____

Next Steps: (please write any actions that may need to be taken in the future)

_____

_____

_____

____

Was client referred to another service? (circle one): Yes No

If yes, which service(s): _____

Signature of CCP Staff: _____

Position of CCP Staff: _____