



BATTLEFORDS & AREA  
SEXUAL ASSAULT CENTRE

## Client Intake/Referral Form

Referral made by (Professional):
Phone:
Date of referral/intake:
Signature:

### CLIENT INFORMATION

\_\_\_ New Client \_\_\_ Previous Client \_\_\_ Unknown      **Client # (if one)** \_\_\_\_\_

Name of Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M    F  
*Day / Month / Year*

Parent/legal guardian (If client is a minor): \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph # \_\_\_\_\_ Alternate Ph # \_\_\_\_\_ Can we leave a message? Yes No

Has law enforcement been contacted? \_\_\_ Yes \_\_\_ No

If yes, what is the nature? \_\_\_\_\_  
*(Charges laid, investigation in progress, etc)*

### CLIENT CONCERNS/REASON FOR REFERRAL

What are the immediate concerns?
