

# Roaming Ranch Intake Form



*This form must be completed prior to client participating.*

Date: \_\_\_\_\_

Client: \_\_\_\_\_

NDIA number: \_\_\_\_\_

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

D.O.B: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Diagnosis of Client: \_\_\_\_\_

Living arrangements: \_\_\_\_\_

Next of Kin / Emergency Contact Name: \_\_\_\_\_

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

Medication Client is currently on: \_\_\_\_\_ Time taken (am/pm) \_\_\_\_\_

Does the client have any issues with the following (if yes, please explain):

Violence (Y/N)

Self harm (Y/N)

Fire (Y/N)

Animal cruelty (Y/N)

Theft (Y/N)

Is Client verbal? (Y/N)

Client likes: \_\_\_\_\_

Client dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group activity (Y/N)

1:1 required (Y/N)

Could participate in group with 1:1 (Y/N)

Any further information on the Client that would be useful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_