CLIENT INFORMATION RECORD

Client Information

Full / Legal Name of Client

Date of Birth Age Gender

Date of Intake

Case Worker / Legal Guardian

Telephone Number (Case Worker)

Multi-Service Team (MST) or DFNA

Emergency Contact: ☐ Yes ☐ No

CFS Status

Guardian Email and/or Phone Number

Safety Specific Information

Safety Concerns (check if applicable):

- ☐ AWOL (beyond _____ hours)
- ☐ Addictions / Substance Abuse
- ☐ Risk of Exploitation
- ☐ Criminal Activity
- ☐ Mental Health
- ☐ Acting Out/Behavioral
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Identifying Information:

Height (cm): _____

Weight (kg): _____

Hair Color: _____

Eye Color: _____

Handedness: _____

Distinguishing Features: _____

_____

_____

Safety Plan / Risk Management:

Client Picture

Date of Last Update: _____

CLIENT INFORMATION RECORD

Medical (Emergency) Information

Any diagnosis? ☐ Yes ☐ No Diagnosis Type: ☐ Medical/Physical ☐ Mental Health ☐ Communicable Condition ☐ Other: _____

AHC# _____ Treaty# _____ Critical Medical Concerns: _____

_____

Comments (list medical concerns, diagnosis, allergies, etc.):

Professional Contacts

Role and Name:	Address:	Phone Number:	Email:
Medical:			
Dental:			
Optical:			
Psychological:			
Psychiatric:			
Financial (trustee):			
CFS / Guardian:			
Educational:			
Legal:			
Cultural:			
Social Groups:			

Date of Last Update: _____

CLIENT INFORMATION RECORD

Family/Significant Person Information

Name	Family / Significant Person Role	Contact Information	Conditions of Contact/Safety & Health Concerns/ Comments:
☐ Conditional Contact?	☐ Parent ☐ Sibling ☐ Other Family ☐ Friend ☐ Other: ____________	address: phone:	
☐ Conditional Contact?	☐ Parent ☐ Sibling ☐ Other Family ☐ Friend ☐ Other: ____________	address: phone:	
☐ Conditional Contact?	☐ Parent ☐ Sibling ☐ Other Family ☐ Friend ☐ Other: ____________	address: phone:	
☐ Conditional Contact?	☐ Parent ☐ Sibling ☐ Other Family ☐ Friend ☐ Other: ____________	address: phone:	
☐ Conditional Contact?	☐ Parent ☐ Sibling ☐ Other Family ☐ Friend ☐ Other: ____________	address: phone:	
☐ Conditional Contact?	☐ Parent ☐ Sibling ☐ Other Family ☐ Friend ☐ Other: ____________	address: phone:	

Date of Last Update: ____