

CONFIDENTIAL CLIENT RECORD

PERSONAL DETAILS		Entry Date	
First Name		Last Name	
Middle Name		Known As	
Date of Birth		Place of Birth	
Gender		Marital Status	
Ethnicity		Iwi	
Home Phone		Work Phone	
Mobile Phone		Email	
Address - Street		Suburb	
Town/City		Post Code	
Referred By		Peer-Worker	
Offender		ACC Number	
Employment Status		Occupation	

OTHER RELEVANT RELATIONSHIPS

Referrer/Contact		Agency/Organisation	
Role		Phone	
Social Worker		Contact	
Counsellor		Contact	

ISSUES THAT MAY NEED SUPPORT (Delete as appropriate)

Drugs	Alcohol	Gambling	+ Addiction:		Mental Health
Anger	Anxiety	Depression	PTSD	Isolation	
Relationship	Family Violence		Cultural	Suicidal	Physical Health
Employment	Financial	Education	Other:		

ADDITIONAL INFORMATION

<p>My Current Circumstances and Critical Issues</p>

MY WAY FORWARD – Moving Towards

<p>My Hopes and Aspirations for the Future</p>

Where to from here...My Next Steps

Managing my risks and issues...Keeping Me Safe
Risk:
Management Plan:
Risk:
Management Plan:
Risk:
Management Plan:

SUPPORT OFFER

(Please delete those that do not apply)

Peer Support: One-on-One Meetings	Peer Support: Group Meetings
Next Meeting:	Group/Peer-Worker:
Social Work Support	Counselling Support
Other Support (Specify)	

CLIENT CONSENT

I, _____

consent to the above information being held by MSA, in confidence and in a secure location until I request it to be destroyed, for the following purposes:

- To enable MSA to provide me with effective support services;
- To enable MSA to respond appropriately to receiving information that implies, or situations that pose, a serious threat to my safety and/or wellbeing;
- To enable MSA to respond to legitimate requests from Government Agencies that have the necessary statutory authority to request MSA to provide the information; and
- To enable MSA to provide Government Agencies with the audit information that is required to assure funding for the support services you receive from MSA

I am aware that MSA have an official complaints process that I can access if I have any concerns about the unconsented or unlawful disclosure of this information

Signed by the Survivor		Date	
Signed by the Client Parent or Guardian		Date	
Signed by Peer- Support-Worker		Date	