Market Street Lodge Intake Form

Date:	Time started:
Personal Details:	
First name:	Middle Name:
Last name:	
D.O.B:	Phone:
Email:	
Centrelink Reference Number (CRN):	
Type of Centrelink payment:____ Other: ____	
Work status:	
Not employed: ☐ Employed: ☐ N.A: ☐	
Cultural background:	
Country of birth: ____ Language/s spoken:____ Do you identify as: Aboriginal: ☐ Torres Strait Islander: ☐ Aboriginal &Torres Strait Islander: ☐ Neither Aboriginal or Torres Strait Islander: ☐ Not stated:_______________________	
Living arrangements before admission:	
Who did you live with? Partner: ☐ Parent: ☐ Self: ☐ Other:___________________ Where were you living prior to admission? Public: ☐ Private: ☐ Rent: ☐ Own: ☐ Other: _____________________________ How long have you been sleeping rough/homeless? ____	
Medical History:	
Do you have any medical concerns? Yes ☐ No ☐ Details:____ Are you on any medications? Yes ☐ No ☐ Details:____	

Mental Health History:
Are you on any prescribed psychiatric medication? Yes ☐ No ☐ If yes, please specify:____ Do you have a diagnosed Mental Health?________________________________
Chemical dependencies:
Alcohol: Yes ☐ No ☐ Drugs: Yes ☐ No ☐ Recovering alcoholic: Yes ☐ No ☐ Recovering drug addiction: Yes ☐ No ☐ No alcohol/drug abuse: ☐
Type of drugs used:
Alcohol:____ Opiates/Opioids: Heroin: ☐ Morphine: ☐ Other:______________________ Amphetamines: Ecstasy: ☐ Speed: ☐ Methamphetamine: ☐ Cannabis: ☐ Benzodiazepines: ☐ Valium: ☐ Other:_________________ Other:____
Other information:
Are you supported by any services: Yes ☐ No ☐ Details:____ ____ ____ ____
Emergency Contact/Next of Kin details:
Full Name:
Address:
Phone Number:
Client must supply Identification to Argyle Housing at intake.