



## REUNIFICATION WORK INTAKE INFORMATION

Please return completed form to [denise@scopeconsultancy.com.au](mailto:denise@scopeconsultancy.com.au)

Parent/caregiver completing this form-			
Name		Date:	
Address			
Phone number	Mobile:	Work:	
Email			
Cultural information			
Language spoken at home			
Your relationship to the child/ren			
Who do your child/ren live with?			
Additional Information			
Emergency contact for yourself			
Name		Phone	
Relationship to you			
Other Parent's details if known			
Name			
Address			
Phone number	Mobile:	Work:	
Email			
Relationship to the child/ren			
Their legal representative			
Additional Information including who you believes lives in this household			

**Child/ren details**

Name	Age	Date of Birth	Gender

Does the child/ren have any special needs?

Please provide the names of any professionals currently engaging with the child/ren and provide their contact details and role including length of time the service has been provided.

Is the child diagnosed with any medical condition?

Is the child diagnosed with and behavioral and/or mental health concerns?

Child/ren's current address and details of other child/ren living in this household including relationship?

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<b>Preferred session times</b> (your preferred days and times are subject to availability)	
Preferred days	
Preferred time	
Additional Information including why these times are preferred?	

<b>Legal and Court information- Please attach any relevant Court Orders including DVO's, Parenting Agreements etc.</b>	
Family Court Orders	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach
Domestic Violence Orders	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach
<b>Legal Representative/Solicitor's Name &amp; Legal Firm</b>	
Name	
Phone	
Email	
Postal address	

**Independent Children's Lawyer**

Name

Phone

Email

Postal address

Additional Information

**History**

Do you have any diagnosed mental health concerns? If yes, please provide details including names of any current treating professionals.

Do you have any current or previous substance abuse history? If yes, please provide details including any programs completed and any treatment you have undertaken.

Do you have any domestic violence and/or criminal history? If yes, please provide details of charges, periods of incarceration or possible current matters before the court.

Have you had any involvement with child protection authorities? If yes, please provide details of when this involvement was and the outcome of any assessment conducted.

Have there been previous threats to abscond with the child? If yes, please provide details of when this occurred

Do you have any concerns for your personal safety? If yes, please provide details

Please provide any additional information you feel may be relevant. If required please add an additional sheet and attach this to your intake document.

**Intake**

All fees will need to be transferred to the bank account details below seven days prior to sessions being conducted. **Cash will not be accepted.**

Account Name: Scope Consultancy (*Commonwealth Bank*)  
BSB: 064 237  
Account Number: 1003 7427

**Agreement**

**Please confirm that you have read the reunification agreement provided to you**

To the best of my knowledge, the information provided is accurate and no relevant information has been knowingly withheld.

Sign:

Please return completed forms to:  
[denise@scopeconsultancy.com.au](mailto:denise@scopeconsultancy.com.au)

Date: