

Islamic Social Welfare Assistance (ISWA)

A subsidiary of the Windsor Islamic Association

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(519) 966-2355 Ext. 3 Fax: (1866) 875-5657 email: iswa@windsormosque.com

INTAKE FORM

Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used by your counsellor to assist you. Please use the reverse side of this page if you need more space.

Client Name: _____ **Date of Birth:** _____ **Date Of Intake:** _____
Last First MM DD YY MM DD YY

Address: _____ **City:** _____ **Postal Code:** _____

Phone: Home _____ **Work** _____ **Cell** _____

Occupation): _____ **Education:** _____

Current Marital Status: (please circle one)

Single Engaged Married Separated Divorced Widowed

Family Information

Spouse's Name: _____ **Date of Birth:** _____
Last First MM DD YY

Name and Age of Children:

Name of child _____	Gender _____	Age _____	Living with you? _____
Name of child _____	Gender _____	Age _____	Living with you? _____
Name of child _____	Gender _____	Age _____	Living with you? _____

General Information (Optional)

List any present serious health/emotional/ mental Problem(s): _____

What is the presenting problem/s (issues) _____

What would you like to see happen as a result of coming for help? _____

Signature (client): _____ **Date:** _____

Signature (witness): _____ **Date:** _____

Thank you for your cooperation in completing this form!