

OUTCOME OF ASSESSMENT

Client Name:..... **Date of Birth:**.....

Address:.....

Worker Who Referred:..... **Date of Referral:**.....

Agency Name:.....

Reason for Referral:.....

Thank you for your referral of this client.

Date of Assessment:..... **Planned Review Date:**.....

The assessment outcome was as follows:

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Goal of Intervention (as agreed by client and assessor):.....

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Name of Assessor:.....

Contact Details:.....

Agency:..... **Phone No:**.....

Senders Signature:..... **Date:**.....

The referral did not proceed to assessment for the following reason(s):

Change in consumer situation – assessment no longer appropriate:

Consumer Declined: Other: