CRITICAL TOOLS

Cell Visitor Services

Client reco	ord													
Client name:														
Organisation name	0.													
-	e:													
Date:									Time:				am	р
Watchhouse location	ion:													
Officer in Charge:														
Name of Cell Visito staff member:	or													
		(Record	ongoing	g visits o	during	the s	ame pe	eriod i	n the	Client	supp	ort pl	an)	
Questions to ask	k — tick	the rele	vant bo	oxes and	l print	all inf	ormati	ion cle	early.					
Client detai	ils													
Gender:		Male	F	Female			Transg arrang	-	-				priate [.] client s	safety
Cultural identity:	A	borigina	l and To	orres Sti	rait Isl	ander		Ot	her_					
Date of birth:								Ur	nknow	/n				
Address:														
Date and time client arrived at the watch								Ті	me:				am	р
Has the client been	n suppo	orted by	Cell Vis	itor Serv	vices p	orevio	usly?		N	lo		Yes		
If yes, provide deta	ails:													
Has client requeste	ed that	family o	r friend	l visit th	em?		No	1		Yes				
If yes, provide con	ntact de	tails:												
Does the client hav medical conditions		known		No			⁻ yes, it lete th	-					t staff fication	n forn
Are there any 'No c	contact	' Domest	ic Viole	ence Ord	ler's ir	n plac	e?		No		Ye	es		
Actions taken — F	Physica	l observa	itions;	observa	tions o	of clie	nt well	being,	; who	, what,	, whe	n, out	come	
Comments:														

Client record

Client exit det	tails
the support period ended:	am pm
Has a referral been made on behalf of the client?	No Yes. If yes, please ensure a <i>Client referral and consent form</i> is completed.
How did the client leave the service?	Transported to a Diversion Centre (please advise the location)
	Transported via ambulance Released from custody
	Other (please provide details):
Staff name:	
Staff signature:	