

Client record

Client name:

Organisation name:

Date:

Time:

am

pm

Watchhouse location:

Officer in Charge:

Name of Cell Visitor staff member:

(Record ongoing visits during the same period in the *Client support plan*)

Questions to ask – tick the relevant boxes and print all information clearly.

Client details

Gender:

Male

Female

Transgender (If yes, ensure appropriate arrangements have been made for client safety)

Cultural identity:

Aboriginal and Torres Strait Islander

Other _____

Date of birth:

Unknown

Address:

Date and time client arrived at the watchhouse?

Time:

am

pm

Has the client been supported by Cell Visitor Services previously?

No

Yes

If yes, provide details:

Has client requested that family or friend visit them?

No

Yes

If yes, provide contact details:

Does the client have any known medical conditions?

No

Yes. If yes, it is highly recommended that staff complete the *Client needs and risk identification form*

Are there any 'No contact' Domestic Violence Order's in place?

No

Yes

Actions taken – *Physical observations; observations of client wellbeing; who, what, when, outcome*

Comments:

Client record

Client exit details

**Date and time
the support
period ended:**

	am	pm
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**Has a referral been
made on behalf of
the client?**

No Yes. If yes, please ensure a *Client referral and consent form* 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: