

RH

THE RESILIENCE HUB

Client Intake & Health Assessment

A private starting point for your 8-week recovery and resilience pathway

Before you begin

This form helps us understand how to support you. Complete only what you are comfortable sharing. Please **do not email a completed form or detailed health/legal information**. Contact the Resilience Hub to arrange a private return method.

PROGRAM CONTACT

Juan Nicholas Carroso · 0489 059 833
resiliencehubnsw@gmail.com

DOCUMENT DETAILS

RH-FORM-01 · Version 2.1
Villawood, NSW · ABN 91 447 195 056

01 Participant personal details

Full name

Date of birth

Gender identity

☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say / Other

Residential address

Phone number

Email address

Preferred contact method

☐ Phone ☐ SMS ☐ Email

02 Emergency contact information

Primary contact name

Relationship

Phone

Secondary contact name

Relationship

Phone

03 Referral, legal and WDO details

Referral source

☐ Self-referral ☐ GP / Medical ☐ Legal service ☐ Community agency ☐ Other

WDO participant? ☐ Yes ☐ No

Revenue NSW reference number

Legal obligations? ☐ Yes ☐ No (pending court matters or order compliance requirements)

Legal details

04 Medical and clinical background

General practitioner

Medical clinic

Mental health plan

☐ Yes — active ☐ No ☐ Pending GP assessment

Medical conditions

Current supports / medications

Allergies / special care requirements

05 Current situation and program goals

Housing status

☐ Stable / renting ☐ Temporary / crisis ☐ Unsupported / homeless

Employment status

☐ Unemployed ☐ Part-time / casual ☐ Full-time ☐ Student / trainee

Primary goals for your 8-week recovery and resilience program — 1.

2.

3.

06 Administrative and clinical oversight

PROGRAM FOUNDER & LEAD

Juan Nicholas Carroso

0489 059 833 · 24/7 program support contact

CLINICAL SUPERVISOR

Carlos Camacho

Registered Psychologist

07 Participant declaration and privacy consent

I confirm that the information I have provided is true and complete to the best of my knowledge. I understand it will be used to support my participation, program record-keeping, and WDO progress where applicable. I consent to the Resilience Hub collecting and handling the information I choose to provide under its approved privacy procedures.

Participant name (printed)

Participant signature

Date

Need urgent help now?

This is not an emergency service. If you or someone else is in immediate danger, call 000. For immediate crisis support, contact Lifeline on 13 11 14.