



Compeer Client Information Form

Name: _____ Date: _____

Referred by: _____ Primary Therapist: _____

Title: _____ (if other than referral source)

Location/Agency: _____ Location/Agency: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Client Residence: _____ Zip Code: _____

Phone: _____ Age: _____ Sex: _____ Birth Date: _____ Race: _____

Religion: _____ Marital Status: _____ Ages of Children: _____

With whom does client live? _____ Family contact? () yes () no () occasionally

Employment Background: _____

Educational Background: _____

Can client read? _____ Write? _____ Have use of a car? _____

Does client need supervision in performing basic self-care activities? _____

Clinical Information

Diagnosis: _____

Medications currently taking: _____

Symptomatic/problematic behaviors: _____

Physical limitations/Medical Conditions? _____

Number of Psychiatric Hospitalizations? _____ Income Sources (e.g. Medicaid, SSI): _____

Client would relate best to volunteer who is: Age: _____ Race: _____ Religion: _____

Best time to be reached: A.M. _____ P.M. _____

Weekends _____

Client Personality Description

Please give a description of the client. Include some of their personality traits, interests, hobbies, activities, ways of interacting, communication style, strengths, challenges, etc.

Would client like to be contacted about other MHA in Greensboro programs while waiting for a match?

Suggestions to guide volunteer in developing relationship with client:

Goals for the Relationship

1. _____
2. _____
3. _____