

QAS Athlete At-Risk Intake

Case no. _____

Case Manager: _____

Client Age: _____

Gender: _____

Mobile: _____

Parents mobile (if U18): _____

Email: _____

Parents email (if U18): _____

Client Sport: _____

Referred by: _____

Presenting Issue:

Suicidal thoughts: Y or N

Action taken: _____

Panel informed (name and date):

HPD _____

Relevant Senior Advisors _____

Relevant Squad Providers _____

Coach (seek athlete permission first)? _____

Referral Details:

Psychologist/Nutritionist/Other _____

Request for initial appointment form emailed _____

Letter sent to athlete (and parent if U18 – seek athlete permission first): _____