

# Isaiah 61 Ministries

## Intake Form



INFORMATION WILL REMAIN CONFIDENTIAL

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Isaiah 61 Ministries?

*Please circle yes or no for each of the following questions:*

May we call if needed? Yes or No      May we text if needed? Yes or No      May we email if needed? Yes or No

Marital Status:    Single    Married    Separated    Divorced    Widowed

### BACKGROUND INFORMATION

Occupation \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_

Attend a place of worship? If yes, where?

Any significant health issues? If yes, briefly explain.

*Please check all that apply:*

Past or  Present treatment(s) for mental/emotional issues? If yes, briefly explain.

Past or  Present medication(s) for mental/emotional issues? If yes, briefly explain.

Please check all that apply:

Past abuse:  physical  verbal  emotional  sexual

Experienced abuse as a(n):  child  teen  adult

If checked, briefly explain. \_\_\_\_\_

Present abuse:  physical  verbal  emotional  sexual

If checked, briefly explain. \_\_\_\_\_

Past use/abuse:  drugs  alcohol

If checked, briefly explain. \_\_\_\_\_

Present use/abuse:  drugs  alcohol

If checked, briefly explain. \_\_\_\_\_

### PRESENTING ISSUES

Briefly explain what issue(s)/concern(s) brings you to Isaiah 61 Ministries?

What do you hope to achieve through this discipleship ministry?

What have you tried that has been helpful regarding the above listed issue(s)/concern(s)?

### EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone Number
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_____	_____	_____
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Client Signature \_\_\_\_\_

\_\_\_\_\_ Date

Isaiah 61 Staff/Volunteer Signature \_\_\_\_\_

\_\_\_\_\_ Date

#### FOR OFFICE USE ONLY

COPY SUBMITTED TO  
SUPERVISOR: \_\_\_\_\_

INFO ENTERED INTO  
ACCESS: \_\_\_\_\_