

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

Please list your cell phone carrier for messaging purposes: _____

Marital Status: Single Married Separated Divorced Widowed

Are there any legal matters we need to be made aware of recent, current, or upcoming? No Yes

If yes, please explain: _____

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. N/A

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

Please check all that apply:

Experienced abuse as a(n): child teen adult N/A

Past abuse: physical verbal emotional sexual N/A

If checked, briefly explain. _____

Present abuse: physical verbal emotional sexual N/A

If checked, briefly explain. _____

Past use/abuse: drugs alcohol N/A

If checked, briefly explain. _____

Present use/abuse: drugs alcohol N/A

If checked, briefly explain. _____

PRESENTING ISSUES

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

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

What do you hope to achieve during your time with us?

EMERGENCY CONTACT INFORMATION

Name Relationship Phone Number

Name Relationship Phone Number

FOR OFFICE USE ONLY (PLEASE INITIAL)

Client Signature

Date

Isaiah 61 Staff/Volunteer Signature

Date

FOR OFFICE USE ONLY (PLEASE INITIAL)
INFO ENTERED INTO BREEZE: _____