

Intake Form for Potential Group Participants

Dear potential group participant:

Thank you for your time and attention in filling out these forms. Your answers will be kept confidential and read only by your group facilitator(s). These forms are used to tailor the group to the needs of the participants. A facilitator will get together with you soon to discuss your answers and inform you of more details about the upcoming group.

Confidentiality within the group is very important, and facilitators will not discuss who is in the group, or details of your story, with anyone outside the group without your permission.

Please return these forms to the group facilitator who gave them to you.

Thank you!

Name:		
Address:		
City:	State:	Zip:
Home #	Work #	Cell #
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Years Married:	Years Divorced:	

If you are currently married, does your spouse know you want to participate in a group?
(You are not required to tell them, but unless you tell us otherwise, we will assume they know and are supportive.)

Yes No

Level of Education

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some High School	High School Graduate	Some College	College Graduate	Trade School	Graduate School

1. Please briefly describe your story of pain or abuse and why you are interested in attending a small group for healing.
2. How would you describe your personal health? Do you have any health issues that may prevent you from attending group regularly? (**Regular attendance is very important.**)
3. Are you currently taking any prescription drugs? If so, which ones and for what purpose?
4. The effects of abuse sometimes lead to other struggles that we are not equipped to handle in depth during small group meetings. Are you struggling with any behaviors with which you may need some extra support outside of the group, such as recreational drug or alcohol use, an eating disorder, workaholism, sexual addiction, internet addiction, spending addiction, or codependency? Are you already receiving support for any of these struggles? Please explain.

(If you are unsure if you are drug or alcohol dependant or struggling with an eating disorder, just write that you are unsure and the facilitator will discuss this with you.)

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5. Are you currently in an abusive relationship? If so, please describe.

6. Are you at a time of great stress or important transition in your life?

7. Would you consider yourself to be depressed?

8. Have you ever had any serious thoughts about committing suicide or made a suicide plan or attempt? If so, please describe how and when.

9. Have you been diagnosed with a mental illness, including Obsessive Compulsive Disorder (OCD) or Bi-Polar Disorder (BPD), also known as Manic Depressive Disorder? If so, how is it being treated? Do you see any reason why this condition would interfere with your ability to concentrate on the workbook material required for this group?

10. Is there anything else in your life that may make it difficult for you to concentrate that we should be aware of? (Personal habits or mannerisms, ADD or ADHD, etc.)

11. Have you ever received counseling? Yes No

Type	Year(s)	Purpose	Approx. # of sessions
Pastoral			
Lay Counseling			
Professional			

12. Describe your religious upbringing. (Please note that the group is open to those from all religious backgrounds. Abuse wounds the spirit and soul.)

13. What is your perception of God?

14. Do you have a church home? No Yes

Church Name: _____

Thank you for your willingness to complete this form. We will be in touch with you soon. It takes great courage to face the pain in our past, and we look forward to walking alongside you as you begin the journey to hope and healing.

The MTS facilitators at _____