

Intake Form for Potential Participants



Dear potential participant:

Thank you for your time and attention in filling out these forms. Your answers will be kept confidential and read only by a facilitator(s). These forms are used to tailor the group to the needs of the participants. A facilitator/instructor 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 #

Single Married Separated Divorced Widowed

1. Please briefly describe your story of pain or abuse and why you are interested in participating in Living Aspen classes, programs, or events.



Level of Education: please circle appropriate box

Some High School	High School Graduate	Some College	College Graduate	Trade School
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2. Do you have any health issues that may prevent you from attending group regularly? **(Regular attendance is very important.)** Please also complete the short health form attached to this document.
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 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.)

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



11. Have you ever received counseling? Yes No
If so, for what purpose? And for how long?

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. Please list the name and contact number of your counselor or mental health support.

Thank you for your willingness to complete this form. We will be in touch with you soon. It takes great courage to begin and remain in a healing journey.