

Intake Form for Potential Group Participants

Thank you for your time and attention in filling out these forms. Your answers will be kept confidential and read only by your group facilitators. These forms are used to tailor the group to the needs of the participants. A facilitator will contact you soon to set up a meeting 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 anyone's story with anyone outside of the group without permission.

Please return these forms to your facilitator. Thank you!

Name:		
Address:		
City:	State:	Zip:
Phone:		
email:		

Single
 Married
 Separated
 Divorced
 Widowed

Years Married:	Years Divorced:
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If you are currently married, does your spouse know that you are interested in attending a Mending the Soul group? (You are not required to tell them, but unless we know otherwise, we will assume that they know and are supportive.)

Yes No

Level of Education

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 in the small group setting.)**

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 extra support outside of the group, such as recreational drug or alcohol use, disordered eating, workaholism, sexual addiction, internet addiction, spending addiction, or codependency? Are you already receiving support for any of these issues? Please explain below.

(If you are unsure if you are drug or alcohol dependent or struggling with an eating disorder, please note that you are unsure in your response and your facilitator will discuss this in your meeting.)

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

6. Are you experiencing 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 Bipolar Disorder (BPD)? If so, how is it being treated? Do you see any reason why this condition would interfere with your ability to complete the text and workbook requirements of this group?

10. Is there anything else in your life that might make it difficult for you to concentrate that your facilitators 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 this group is open to those from all religious backgrounds. Abuse wounds the spirit and the soul.)

13. What is your perception of God?

14. Do you have a church home? Yes No

Church Name:

Thank you for your willingness to complete this form. Your facilitators 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 your healing journey.