

We Are Nature

INTAKE QUESTIONNAIRE

Name: _____ Birth Date: _____ Age: _____ Gender: _____

Ethnicity: _____ Highest Level of Education: _____

Address: _____

Cell: _____ Other: _____ Email: _____

Marital Status: Single Married Domestic Partner Divorced Widowed

People Living With You:

NAME	RELATIONSHIP TO YOU	AGE

Occupation _____ Employer: _____ How Long: _____

Partner's Occupation _____ Employer: _____ How Long: _____

Primary Physician: _____ Date of Last Visit: _____

Emergency Contact: _____ Phone: _____

Relationship to You: _____

Have you had therapy in the past, if so briefly describe: _____

Current Medications (name & how long): _____

Have you ever had psychiatric hospitalization? Yes No

When & Where: _____

Do you have any health conditions/allergies or ability/mobility needs? Yes No

Describe: _____

Do you use alcohol or drugs presently or in the past? Yes No

Describe: _____

Do you or any of your family members have a history of mental illness? Yes No

Describe: _____

Are you having suicidal thoughts or plans at this time? Yes No

Have you had suicidal thoughts or plans in the past? Yes No

Are you having thoughts of committing violence? Yes No

Are you court ordered to attend therapy? Yes No

Please describe your relationship with nature: _____

Please describe your desired intentions for engaging in the program?

Signature: _____ Date: _____