



Participant Intake Form

Use this form at your first session with your participant to learn about their overall situation and needs.

(Provider, please go through this quickly. No need for detail, just high-level overview.)

Provider Name _____ Participant initials _____ Date _____

___ You have told them that "Everything in this session is confidential unless you tell me that you are going to harm yourself or someone else."

Pronouns (optional) _____

Medical Diagnosis _____

Medical Treatments/Surgeries _____

Medications _____

Are you employed? Full time or part-time? _____

Living Situation/Support system _____

Relaxation/self care _____

Do you have a religious or spiritual practice? _____

Other information _____

Rating Scale of 1-5 (1 = lowest, 5 = highest)

CHALLENGES

POSITIVES

Pain level _____	Optimism _____
Depression _____	Comfort Level _____
Stress/Anxiety _____	Mental Clarity _____
Fatigue _____	Sleep _____
Other _____	Energy level _____
	Spiritual Connection _____
	Other _____

What do you hope to gain from this program? (What should we focus on?) _____

