



Hero's Journey Foundation

Intake Information

HERO'S JOURNEY INTAKE FORM

Name:

Age:

Date of Birth:

Address:

City, State, Zip:

Day Phone:

Occupation:

Eve Phone:

Email address:

Any support groups? If yes, what type?

Length of time in group:

Meetings per week :

In therapy?

Length of time in therapy:

Name of therapist:

How often?

Other support systems:

Are you or have you been addicted to drugs or alcohol?

If yes, length of sobriety:

Are you a smoker? If so, how much do you smoke?

Are you experiencing any health problems?

Are you currently under a doctor's care?

Hospitalized in past year?

Are you on medication?

Name + Dosage of medication:

Reason for medication:

What issues are you facing in your life right now?

If relevant, how have things changed for you in the past 6 months?

Are there any other significant life transitions that we need to know about you?

Recent death, job change, relocation, separation, divorce, etc?

Anything else you would like us to know?