



Hero's Journey Foundation

Intake Information

Demographic Information

Name:

Age:

Date of Birth:

Address:

City, State, Zip:

Best Contact Number:

Email address:

Occupation:

Support & Therapy Information

Are you a part of any support groups?

If yes, Please describe the type and duration of your participation in any support groups.

Are you currently in therapy?

How often do you attend therapy, and for how long have you been in therapy?

What type of therapy?

Were you referred to us by a therapist?

Where else do you get support in your life?

Health Information

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

If yes, are you currently sober?

If so, what is your length of sobriety?

Do you currently smoke? If yes, how often?

Are you experiencing any significant health problems?

Current Life Circumstances

What major issues are you facing in your life right now?

How have things changed for you in the past year?

Have you experienced any recent stressful life events (e.g., death, job changes, relocation, separation, or divorce)?

Are there any other significant life transitions or meaningful details that you want us to know about you?