

WOMEN OF COURAGE INTAKE INTERVIEW

TODAY'S DATE: _____ GROUP DATE: _____

NAME: _____ AGE: _____

MARITAL STATUS: (circle one) single married divorced # of children _____

ADDRESS: _____

(street)

(city)

(state)

(zip)

PHONE: (home) _____ (work) _____

Email _____ to call

EMERGENCY CONTACT: (name) _____ (phone) _____

(address)

CHURCH AFFILIATION _____ PASTOR _____

The following questions will be discussed to help determine whether this group is a good match for your needs. These questions will also help us to get acquainted with you. Your answers will be kept confidential.

* How did you hear about this group? _____

* What is it you are hoping for in this group? _____ From the leaders? _____

* Who/what does your current support system consist of? _____

* Are you currently seeing a counselor/therapist? _____ Have you in the past? _____

* Have you notified him/her of your desire to participate in this group? _____

* Are you using any drugs, medications or alcohol that may affect your functioning in this group? (if yes, please explain) _____

* What issues are you aware of that you would like to deal with in this group? _____

??? Do you struggle with suicidal or self-destructive thoughts or actions? Do you wrestle with anger-control, assaultive or homicidal thoughts or feelings?

If your answer is yes to any of these questions, please talk with your group leader so that we can find ways to best help you through these struggles. Communication will be held in strict confidence. Information may be released only when (1) a group member signs a written release form, (2) a group member expresses a serious intent to harm herself or someone else, or (3) there is evidence of abuse against a minor child or legally dependent adult.