

Social Intake Form

The following form helps us understand a little bit more about you and how we can best ensure that you have a meaningful experience with our program. We also find that it is generally helpful for participants to take a moment to engage in self reflection and awareness before beginning work with us. All of your responses are entirely confidential. Please read each question and answer carefully. If you would prefer not to answer a question, please write N/A or leave it blank.

Legal Name _____

Preferred Name (if different) _____

Date: _____

Please briefly state your reasons for seeking to attend a _____ Program:

What are your current life challenges?

What would you like to gain from this experience?

Please list your ancestral lineage(s):

Primary relationship status: Married In a committed relationship In multiple relationships Single

Do you have any children?

Yes Ages _____

No

What is your occupation?

What are your hobbies or interests?

What are your main talents, skills, and accomplishments?

How would you describe your spiritual practices?

Who are the most important people in your support network (friends, family, spiritual leaders or community, therapists, etc)?

Is there any area where your support network is lacking?

Have you ever experienced any of the following:

Spiritual awakening or emergency?

No

Yes Please describe:

Psychic experience?

No

Yes Please describe:

Meditation, consciousness-altering, or shamanic retreats?

No

Yes Please describe:

Trauma in childhood?

No

Yes Please describe:

Trauma in adulthood?

No

Yes Please describe:

Significant losses or grief ?

No

Yes Please describe:

Arrested and charged with a crime?

No

Yes Please describe:

Does your immediate family support your having this experience?

No

Yes Please describe:

Does your therapist support your having this experience?

No

Yes Please describe:

Do you have any other questions or concerns?

The above is true and correct to the best of my understanding. I realize that failure to disclose information pertinent to my social or psychological health could result in harm to me and fellow participants and I agree to indemnify and hold harmless _____ and his assistants if all relevant information is not disclosed. I also agree to notify _____ should there be any changes in my mental or emotional health status.

Signature _____ Date: _____