

# Intake Form for Minors



INFORMATION WILL REMAIN CONFIDENTIAL

## GENERAL INFORMATION

Name of Child/Teen \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents \_\_\_\_\_

Street Address \_\_\_\_\_ Parent's Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent's Phone \_\_\_\_\_

How did you hear about Isaiah 61 Ministries? \_\_\_\_\_

*Please circle yes or no for each of the following questions:*

May we call if needed? Yes or No      May we text if needed? Yes or No      May we email if needed? Yes or No

Are there any legal matters we need to be made aware of recent, current, or upcoming?      No      Yes

If yes, please explain: \_\_\_\_\_

## BACKGROUND INFORMATION FOR CHILD/TEEN

Briefly describe home/family situation: \_\_\_\_\_

School attending/Grade: \_\_\_\_\_

List Sports/Hobbies/Interests: \_\_\_\_\_

Attend a place of worship? If yes, where? \_\_\_\_\_

Any significant health issues? If yes, briefly explain. \_\_\_\_\_

List any significant life events: \_\_\_\_\_

History of treatment(s) for mental/emotional issues? If yes, briefly explain.  N/A

Medications for mental/emotional issues? If yes, briefly explain.  N/A

*Please check all that apply:*

Any history of abuse:  physical  verbal  emotional  sexual  N/A

If checked, briefly explain. \_\_\_\_\_

Any history of use/abuse:  drugs  alcohol  N/A

If checked, briefly explain. \_\_\_\_\_

**PRESENTING ISSUES FOR CHILD/TEEN**

Briefly explain what issue(s)/concern(s) brings you to Isaiah 61 Ministries?

What have you tried that has been helpful regarding the above listed issue(s)/concern(s)?

What do you hope to achieve during your time with us?

**EMERGENCY CONTACT INFORMATION**

Name Relationship Phone Number

Name Relationship Phone Number

**FOR OFFICE USE ONLY (PLEASE INITIAL)**

Parent/Guardian Signature

Date

Isaiah 61 Staff/Volunteer Signature

Date

**FOR OFFICE USE ONLY (PLEASE INITIAL)**  
INFO ENTERED INTO BREEZE: \_\_\_\_\_