

Intake Form for Potential Group Participants

Thank you for taking this very important step towards healing. At Mending the Soul, we believe that God has the power to heal and redeem your pain, no matter how dark or hopeless it may seem. It takes great courage to reach out for help, and we commit to handling your story and pain with great care.

Confidentiality within the group is very important. Your answers will be kept confidential and read only by your group facilitator(s). Facilitators will not discuss who is in the group, or details of your story with anyone outside the group without your permission.

This form is used to tailor the group to the needs of the participants, as well as assess readiness of participants. At times, it may be determined by the facilitator that delaying the participation of a MTS group is best for a potential participant, based on extenuating circumstances.

Please return this form to the group facilitator who gave it to you.

Thank you!

Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		

Single
 Married
 Separated
 Divorced
 Widowed

Years Married:	Years Divorced:
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If you are currently married, does your spouse know that you are interested in attending a Mending the Soul group? (You are not required to tell him/her, but unless we know otherwise, we will assume that he/she knows and is supportive.) Yes No

Level of Education

Some
High School

High School
Graduate

Some
College

College
Graduate

Trade
School

Graduate
School

1. Please briefly describe your story of trauma and/or abuse and why you are interested in participating in a Mending the Soul healing group.

2. Are you facing any obstacles that may hinder regular attendance of your MTS group (i.e. work schedule, health issues, etc.)?

3. What expectations do you have about participating in a MTS group? Any concerns?

4. The effects of abuse sometimes lead to other struggles that may need to be addressed prior to participating in a MTS group. Are you struggling with any behaviors that require some extra support, including, but not limited to, drug or alcohol addiction, sexual addiction, an untreated eating disorder, etc? If yes, are you receiving support for any of these struggles? Please explain below.

5. Are you currently in an abusive relationship? If yes, please explain below.

6. Are you experiencing a great amount of stress or significant transition at this time in your life? If yes, please explain below.

7. Have you ever had any serious thoughts about committing suicide or made a suicide plan or attempt? If yes, please explain below.

8. Have you ever been diagnosed with a mental health condition, including, but not limited to, depression, an anxiety disorder, bipolar, etc? If yes, are you receiving treatment and do you see any reason why this condition would interfere with your ability to complete the material required for this group?

9. Have you ever received counseling? Yes No

Type	Year(s)	Purpose	Approx. # of sessions
Pastoral			
Lay Counseling			
Professional			

10. Is there anything that might make it difficult for you to concentrate that you want your facilitators to know (i.e. personal habits, mannerisms, ADD/ADHD, etc)? If yes, please explain below.

11. Describe your religious upbringing and current perceptions of God. (Please note that this group is open to those from all religious backgrounds. Abuse wounds the spirit and the soul.)

13. Do you have a church home? Yes No

Church Name:

Thank you for your willingness to complete this form. Your facilitators will be in touch with you soon. It takes great courage to face the pain in your past, and we look forward to walking alongside you on your healing journey.