

Pathfinder Center – Intake/Contact Form

Client # _____

Date of Intake

Date of Birth

M F
Sex

Name First and Last

Email Address

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Relationship to
contact

Home Phone

Relationship to contact

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Any known medical conditions

Physician's Name

Phone Number

Medicaid or Insurance

PCP

Allergies/Special Health Considerations

Are you currently taking any prescription
medications?If yes, list and name and dose of
medication above.

Are you a U.S. Citizen? Yes or No

Do you have a state I.D.? Yes or No

Are you veteran? Yes or No

Race? _____

Do you have any dependents? If so please list below.

| Name | Gender | Date of birth | Tribal Affiliation |
|----------|--------|---------------|--------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

Are you currently involved with Child Protection Services?

If under child protection, in what county? _____

Are you currently working on getting your child back if you do not have custody?

What is the name, phone number, email and county of the Child Protection Worker involved in your case?

Name _____

Phone _____

County _____

Were you referred by a shelter? Yes or No

Or other _____

Are you currently on probation? Yes or No

Probation Officer Name _____

Phone Number _____

Email _____

Are you currently on parole? Yes or No

Parole Officers Name _____

Phone Number _____

Email _____

Have you ever been diagnosed with one of the following conditions? Circle all that apply.

- | | |
|---|----------------------------------|
| Acute anxiety | Cutting (self-mutilation) |
| Attention Deficit Disorder (ADD) | Depression |
| Attention Deficit Hyperactivity Disorder (ADHD) | Depression with anxiety |
| Bi-polar Disorder | Eating Disorder |
| Borderline Personality Disorder | FAS/FAE (Fetal Alcohol Syndrome) |
| | Post-traumatic Stress Disorder |
| | Schizophrenia |

Have you ever considered suicide (taking your own life)? Yes or No

Are you currently thinking about suicide? Yes or NO

If yes to either of the questions about suicide, what was going on in your life at the time?

Are you receiving help for these thoughts of suicide? Yes or NO

If yes, where did you get support? _____

Health Insurance? Yes or No

If yes, medical carrier name _____

When was your last dental visit?

Are you currently pregnant? Yes or No

If you are pregnant, are you receiving prenatal care? Yes or No

In the past 3 months, have you been tested for STDs? Yes or No

Do you have a disability? Yes or No

If yes, circle all that apply:

Hearing impaired

Visually Impaired

Learning disability

Other, please describe _____

Physically impaired

Additional Comments regarding disability

Have you ever used drugs or alcohol? Yes or No

If you're using or have used drugs, what is your drug of choice?

In the past 30 days, how many times did you use your drug of choice or alcohol?

_____ times

Have you ever been to treatment for drug/alcohol abuse? Yes or No

If yes, how many times have you been to treatment? _____ times

Do you currently have a sponsor? Yes or No

Are you currently a member of AA, CA or NA?

What is the highest education level you have completed?

If you do not have your High School Diploma, would you like to obtain your GED? Yes or No

Do you have any unpaid fines? Yes or No If yes, how much is owed?

\$ _____

Are you a victim of human trafficking? _____

Are you seeking emergency short term shelter? _____

Are you seeking long term shelter 12-18 months? _____

Have you ever recruited for you pimp, bf, or lover? _____

All your belongings will be searched on arrival. Are you ok with that? _____

How long ago were you in trafficking? _____

Are you currently involved in an ongoing case involving trafficking? _____

We have a no phones policy, are you ok with that? _____

Do you smoke? _____ Do you have steady money to support your habit? _____

There is a 30-day probationary period when you come to pathfinder. If at the end of the 30 days we find that you are not a good fit for the program you will be asked to leave. We will assist you in finding another place to go.

Please email me with this filled out or email me to find out how to get this intake back to us.
Kendall.pathfinder@gmail.com

By signing this you acknowledge that all the information given above is true and complete.

Signature

Date

Advocate

Date