



THE HOPE CONNECTION

5319 SW Westgate Dr. Ste 113
Portland, OR 97221

**Individual Intake Form
(18 years and Younger)**

**Information on this form will help us better
serve you. Thank you for completing this form.**

Today's Date: _____

Name: _____

DOB: _____ Age: _____

What gender identify as: _____

Preferred Pronoun: (he, she, him her, they, hir,) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Referred by: _____

School: _____

Grade in School: _____ Special placement (if any): _____

Describe what issues you are having in order of difficulty:

1. _____

2. _____

3. _____

How are the above issues affecting your life?

1. _____

2. _____

3. _____

How are these issues affecting our family's life?

1. _____

2. _____

3. _____

Please circle any of the following that may be a concern:

Nervousness	Depression	Fears	Shyness
Separation	Anger	Self-harm	Inferiority Feelings
Self-control	Stress	Ambition	Stomach problems
Headaches	My thoughts	Memory	Making decisions
Loneliness	Insomnia	Temper	Concentration School
Nightmares	Energy	Eating problems	
Health problems	Sexual Abuse	Physical Abuse	Eating too little
Tiredness	Friends	Panic Attacks	Eating too much
Too Heavy/Thin	Other _____		

Please circle any of the following that you believe to be your strengths:

Confident	Hard Worker	Organized	Friendly
Good listener	Dependable	Sensitive	Logical
Loyal	Sense of Humor	Decisive	Responsible
Creative	Helpful	Understanding	Competent
Optimistic	Faithful	Imaginative	Adaptive
Spiritual	Hopeful	Planner	Self-Aware
Ambitious	Insightful	Mindful	Good Communicator
Other _____			

Is there anything else you would like us to know about you?

What is your desired outcome or expectations of treatment (change you would like to make, how we can help?)

Please list any people, organizations or resources you feel can/have/will help you achieve your goal (s)?

Signature

Date