Mind-Body Skills Group Intake Form

			Soc.	Sec. #:		_ Birth Date	:	
Name	:			FIRST		MIDDLE	ΙΝΙΤΙΔΙ	MAIDEN
						MIDDLE	INITIAL	MAIDEN
Addre	ss:					CITY	STATE	ZIP
Sex:	□ M	🗆 F	🗆 Single	Married	Partnered	Divorced	Widowed	Separated
Home	Phone:			Worl	k:		Cell:	
Emplo	yer:					Occupation:		
Nork	Address	5:						
Spous	e/Partn	ier's N	ame:			# of Chi	dren: Boys	Girls
Who s	hould w	ve tha	nk for referrii	ng you?			0.001/01	
In cas	e of em	ergen	cy, whom sho	uld we contact	NAME		OCCUPA	TION/RELATION
		5			NAME		RELATIC	DN PHONE
	-		-	-	ations? 🛛 Yes			
Are yo			aking any mee	lications?	🗆 Yes 🛛 No	(Continue list or	n back of sheet if r	needed.)
Are yo	ou curre of Medi		aking any mee	lications?		(Continue list or		needed.)
Are yo			aking any mee	lications?	🗆 Yes 🛛 No	(Continue list or	n back of sheet if r	needed.)
Are yo			aking any mee	lications?	🗆 Yes 🛛 No	(Continue list or	n back of sheet if r	needed.)
Are yc Name	of Medi	icatior	aking any mea	lications?	□ Yes □ No do you take?	(Continue list or How	n back of sheet if r	needed.) e to take this?
Are yo Name Are yo	of Medi	icatior ntly ta	aking any mean n aking any nut	lications? How much	□ Yes □ No do you take?	(Continue list or How	n back of sheet if r / did you come	needed.) • to take this? sheet if needed.)
Are yo Name Are yo	of Medi	icatior ntly ta	aking any mean n aking any nut	lications? How much	□ Yes □ No do you take? nents? □ Yes	(Continue list or How	n back of sheet if r / did you come nue list on back of	needed.) • to take this? sheet if needed.)
Are yo Name Are yo	of Medi	icatior ntly ta	aking any mean n aking any nut	lications? How much	□ Yes □ No do you take? nents? □ Yes	(Continue list or How	n back of sheet if r / did you come nue list on back of	needed.) • to take this? sheet if needed.)

What do you hope to learn or experience by joining this mind-body skills group?_____

Family History:

Nam			Health	Age	Illnesses	Died	Cause of Death
Father		6	Good/Poor				Death
Mother			Good/Poor				
Brother(s) 1.		0	Good/Poor				
2.		0	Good/Poor				
3.		0	Good/Poor				
Sister(s) 1.		0	Good/Poor				
2.			Good/Poor				
3.		6	Good/Poor				
Do you smoke?	🗆 Yes	□ No	Но	w many	packs per day?	•	
Do you drink coffee?	□ Yes				cups per day?		
Do you drink alcohol?	🗆 Yes				drinks per day		
, Do you drink soda?	🗆 Yes			-	drinks per day		
Do you use other drugs?	🗆 Yes	🗆 No		-			
Do you eat regular meals?					per day?		acks?
Do you sleep regularly?		🗆 No			per night?		
Do you exercise?	🗆 Yes	🗆 No	What type	e(s)?		Но	w often?
If you answered yes, to eith Do you feel supported in yo	her of th	ne abov	e question	s, please	🗆 Yes 🗆 No)	
Are you overly stressed in y If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Family Friends	our curre our curre our curre em/net	ent wor	rk environm ne/family s	s, please nent? ituation? No Pleas Communit	□ Yes □ No □ Yes □ No se check all that y Groups	apply:	n(s)/Nurse(s)
If you answered yes, to eit Do you feel supported in yo Do you feel supported in yo Do you have a support syst	em/net	ent wor ent hon work?	k environm he/family s Yes I her (s, please nent? ituation? No Pleas Communit Other heal	Yes No Yes No Yes No Yes No Se check all that y Groups Ithcare profession	apply: Physician	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Family Friends Church/Religious Organizatio	em/net	ent wor ent hon work? use/Partr	rk environm ne/family s O Yes O I ner O (0 0	s, please nent? ituation? No Pleas Communit Other heal Other	□ Yes □ No □ Yes □ No se check all that y Groups Ithcare profession	apply: Physician	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Family Friends Church/Religious Organizatio American Cancer Association	em/net Spour curre em/net Spou	ent wor ent hon work? use/Partr	re questions	s, please	□ Yes □ No □ Yes □ No se check all that y Groups Ithcare profession	apply: Physician nals	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Family Friends Church/Religious Organizatio American Cancer Association What feeds/sustains your l	em/net our curre em/net Spou ife?	ent wor ent hon work? use/Partr	re questions	s, please nent? ituation? No Pleas Communit Other heal Other	Yes No No Se check all that y Groups Ithcare profession	apply: Physician hals	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Gamily Friends Church/Religious Organizatio American Cancer Association What feeds/sustains your life? What drains your life? What gives you a sense of h Have you ever had a profou	her of the our current of the ou	ent wor ent hon work? ise/Partr	re questions	s, please nent? ituation? No Pleas Communit Other heal Other	□ Yes □ No □ Yes □ No se check all that y Groups thcare profession	apply: Physician nals	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Family Friends Church/Religious Organizatio American Cancer Association What feeds/sustains your li What drains your life? What gives you a sense of l Have you ever had a profou Do you have concerns for a	her of the our curre our curre of the our curre our curre on a spout of the our curre our curre on a spout of the our curre our cur	ent wor ent hon work? ise/Partr itual ex r indivio	re questions	s, please nent? ituation? No Pleas Communit Other heal Other	□ Yes □ No □ Yes □ No se check all that y Groups Ithcare profession □ Yes □ No □ Yes □ No	apply: Physician nals	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Gamily Friends Church/Religious Organizatio American Cancer Association What feeds/sustains your life? What drains your life? What gives you a sense of h Have you ever had a profou	her of the our curre our curre of the our curre our curre on a spout of the our curre our curre on a spout of the our curre our cur	ent wor ent hon work? ise/Partr itual ex r indivio	re questions	s, please nent? ituation? No Pleas Communit Other heal Other	□ Yes □ No □ Yes □ No se check all that y Groups Ithcare profession □ Yes □ No □ Yes □ No	apply: Physician nals	n(s)/Nurse(s)
If you answered yes, to eith Do you feel supported in yo Do you feel supported in yo Do you have a support syst Family Friends Church/Religious Organizatio American Cancer Association What feeds/sustains your li What drains your life? What gives you a sense of l Have you ever had a profou Do you have concerns for a	her of the	ent wor ent work? use/Partr ise/Partr	re questions	s, please nent? ituation? No Pleas Communit Other heal Other is time?	Yes No No Yes No Se check all that y Groups Ithcare profession Yes No Yes No Yes No	apply: Physician nals	n(s)/Nurse(s)