



**Intake Information**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Referred by: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Family and Social History**

Father: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are parents together? \_\_\_\_\_ if no, why? \_\_\_\_\_

Brothers or Sisters:      Age      Address      Occupation

\_\_\_\_\_  
\_\_\_\_\_

Check if any signs of alcoholism/heavy drinking, or substance abuse, past or present by the following:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Sister(s): \_\_\_\_\_ Brother(s): \_\_\_\_\_

Aunt(s): \_\_\_\_\_ Uncle(s): \_\_\_\_\_ Grandparent(s): \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

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Marital Status: Never Married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

If divorced, number of times \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Number of Marriages \_\_\_\_\_ Number of Children \_\_\_\_\_

Sexual Orientation: Heterosexual \_\_\_\_\_ Homosexual \_\_\_\_\_ Bisexual \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

General Assessment of current relationship: N/A \_\_\_\_\_ Very good \_\_\_\_\_ Indifferent \_\_\_\_\_ Bad \_\_\_\_\_

Comments: \_\_\_\_\_

**Relationship with parents:**

Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Comments: \_\_\_\_\_

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**Education**

Highest grade completed: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Reading Skills: Adequate \_\_\_\_\_ Needs Assistance \_\_\_\_\_

Diploma: (yes) \_\_\_\_\_ (no) \_\_\_\_\_ if yes, when received: \_\_\_\_\_

G.E.D. (yes) \_\_\_\_\_ (no) \_\_\_\_\_ if yes, when received: \_\_\_\_\_

**Identification**

What identification do you currently possess?

Birth Certificate: \_\_\_ Driver's License: \_\_\_ Prison: \_\_\_ Continuum: \_\_\_

Social Security Card: \_\_\_ State Issued ID: \_\_\_ Passport: \_\_\_ Other: \_\_\_

**Legal Court History**

Are you currently involved in any active cases (civil, traffic, criminal)? Yes \_\_\_ No \_\_\_

What are the court hearings or trial dates? \_\_\_\_\_

Are you presently on probation/parole? Yes \_\_\_ No \_\_\_ if yes, explain:

\_\_\_\_\_

Any traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Civil involvement? Yes \_\_\_\_\_ No \_\_\_\_\_

Criminal involvement? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a registered sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_

(continued on next page)

If yes to above items complete the following:

Date	Charge	Outcome	Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Spiritual Background**

Profess Being a Christian: Yes \_\_\_\_\_ No \_\_\_\_\_

Religious Affiliation: (present) \_\_\_\_\_ (Past) \_\_\_\_\_

Current church membership: \_\_\_\_\_

Comments: \_\_\_\_\_

**Chemical Usage History**

Age 1<sup>st</sup> used      Age 1<sup>st</sup> regular use      Current use the month      Usage in past 48hrs  
hours

Alcohol			
Marijuana			
Cocaine			
Heroin			
Methadone			
Other Opiates			
Tranquilizers			
Other Sedatives			
Amphetamines			
PCP			
Inhalants			
Other			

Have you ever received treatment for any of the above? Yes \_\_\_\_ No \_\_\_\_

Where: \_\_\_\_\_

\_\_\_\_\_

**Military History**

Are you a veteran? Yes \_\_\_ No \_\_\_ Type of Discharge \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Employment**

Present \_\_\_ or Previous Employer: \_\_\_ How Long? \_\_\_\_\_

Employer Name \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

Address: \_\_\_\_\_

**Income**

Do you receive any money/checks/food stamps or other income? Yes \_\_\_ No \_\_\_

If "yes" what is the source? \_\_\_\_\_

What is the amount of your monthly Income? \_\_\_\_\_

**Problems for which you are presently seeking help:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goals**

What are the goals you would like to accomplish through becoming a part of the Brother Bryan Mission Program?

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**Health Screening Information**

Do you have cancer?.....	Yes	No
Do you have diabetes? .....	Yes	No
Do you have cirrhosis of the liver? .....	Yes	No
Are you HIV positive or have Aids?.....	Yes	No
Do you have any sexually transmittable diseases?.....	Yes	No
Do you have Hepatitis A, B, or C?.....	Yes	No
Do you take heart medication? .....	Yes	No
Do you have seizures? .....	Yes	No
Do you have thyroid problems? .....	Yes	No
Do you have kidney disease?.....	Yes	No
Do you have lung or breathing problems?.....	Yes	No
Do you have intestinal or stomach problems?.....	Yes	No
Do you have blood pressure problems?.....	Yes	No

**(Continued on Next Page)**

Do you have any known allergies?.....	Yes	No
Have you ever been treated for tuberculosis(TB)?.....	Yes	No
Are you under the care of any mental health professional or system?.....	Yes	No
Are you on any drug maintenance plan or medicated assisted therapy?.....	Yes	No
Are you on any pain management plan?.....	Yes	No
Do you have any physical limitations?.....	Yes	No
Do you wear hearing aids?.....	Yes	No
Do you wear dentures?.....	Yes	No
Do you have emergency dental concerns?.....	Yes	No
Do you wear glasses?.....	Yes	No
Will you cooperate with medical examination and/or testing if needed?.....	Yes	No

**Current Medical/Mental Health Condition**

Do you have any other known health issues physical or mental that you need to disclose? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been diagnosed with: Bi-polar disorder Yes \_\_\_\_\_ no \_\_\_\_\_

Severe depression Yes \_\_\_\_\_ No \_\_\_\_\_ P.T.S.D. Yes \_\_\_\_\_ No \_\_\_\_\_

Schizophrenia or schizoaffective disorder Yes \_\_\_\_\_ no \_\_\_\_\_

General Health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

List any health conditions that you have: \_\_\_\_\_

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**Current Medications (if you need more space print on back page)**

Name of Drug                                      Dosage                                      Origin of prescription

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**You are hereby advised that Brother Bryan Mission is not a medical facility (including psychiatric services) and that we are not obligated to provide you with medical services. As a gospel mission ministry, we will assist you with humanitarian and emergency services as needed.**

Signature\_\_\_\_\_

Date\_\_\_\_\_