Oaks Intake Form

Oaks exists to equip local churches to be rehabilitative and resilient communities for people in the healing process.

NAME	
PHONE NUMBER	
EMAIL ADDRESS	

Briefly, what has led you to reach out for support from the services of Oaks Ministry Collaborative?

Emotional Assessment

How would you describe your primary emotional state over the last few weeks / months? It could also have periods of change but be recurring. Check all that apply.

- ☐ Numb
- ☐ Confused
- ☐ Frustrated
- ☐ Anxious
- ☐ Depressed
- ☐ Hurt, betrayed, or alone
- ☐ Sad
- ☐ Angry
- ☐ Ready
- ☐ Curious
- ☐ Powerless
- ☐ Other: _____

Have you experienced any of the following over the last few weeks / months?

- ☐ Nightmares/flashbacks
- ☐ Difficulty trusting people
- ☐ Life feeling out of control
- ☐ Panic attacks and/or constant anxiety
- ☐ Compulsive unwanted behaviors or addictions
- ☐ Suspicion, paranoia, and/or hypervigilance
- ☐ Legal issues
- ☐ Memory issues (serious)
- ☐ Anger that has caused a loss of relationships
- ☐ Hopelessness
- ☐ Apathy
- ☐ Frequently sad and/or tearful
- ☐ Suicidal ideatio

Physical Assessment

How would you evaluate each aspect of your physical wellness below? (1 - poor; 5 - good)

Sleep	1	2	3	4	5
Nutrition	1	2	3	4	5
Exercise	1	2	3	4	5
Strength / Stamina	1	2	3	4	5
Physical health (versus illness)	1	2	3	4	5

Do you experience any of the following physical symptoms? Check all that apply.

- ☐ Asthma
- ☐ Shortness of breath
- ☐ Headaches / migraines
- ☐ Chronic illness
- ☐ Disability
- ☐ Stomach aches or indigestion
- ☐ Racing heart or heart palpitations
- ☐ Chest pain
- ☐ Sweating
- ☐ Significant weight changes
- ☐ Skin issues and/or irritation
- ☐ Muscle aches
- ☐ Dizziness
- ☐ Trembling
- ☐ Fatigue
- ☐ Insomnia
- ☐ Hypersomnia (sleeping too much)
- ☐ Other:

Spiritual Assessment

Oaks Ministry Collaborative is a Christian ministry that aligns with the gospel and the Scriptures of the Bible. It is open to anyone to participate in but will contain aspects of Christian spirituality.

How would you describe where you are in your faith?

- ☐ Not engaged in my faith
- ☐ Seeking to be engaged in my faith: I think about God and pray or read the Bible sporadically
- ☐ Somewhat engaged in my faith: I occasionally pray, read the Bible, and go to church
- ☐ Fully engaged in my faith: I regularly pray, read the Bible, and go to church
- ☐ I believe in a different faith than Christianity.

If so, which religion or faith best fits what you believe: _____

Are you part of a local church? Circle: Yes / No

If yes, which church:

Counseling Background

Have you met with a counselor, either currently or in the past? Circle: Yes / No

If yes, who was your counselor? _____

Do you give release for us to contact them if needed for consultation and continuity of care? Circle: Yes / No

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Please sign to confirm the release of this information to Oaks Ministry Collaborative:

_____

Print Name

_____

Signature

For minors:

_____

Parent/Guardian Print Name

_____

Parent/Guardian Signature