

DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC

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Intake Assessment Form

Please note that all information in this form is kept confidential per our services agreement. Please complete this form to the best of your ability. If you are unsure or prefer not to answer an item at this time, please note this and discuss with your counselor during your initial appointment. Thank you!

Client Demographic/Contact Information

Legal Name:(First)_____ (Last)_____

Gender Assigned at Birth: _____ Current Gender Identity: _____

Personal Pronouns: _____ Preferred Name: _____

Date of Birth:_____ Current Age:_____ Race/Ethnicity:_____

Home Address:_____

E-mail Address:_____

Phone Number:_____

It is okay to leave a voicemail at this number? (circle one): Yes No

It is okay to text this number? (circle one): Yes No

Alternate Number:_____

It is okay to leave a voicemail at this number? (circle one): Yes No

It is okay to text this number? (circle one): Yes No

How did you hear about us? _____

Do we have your permission to thank them for the referral? (circle one): Yes No

Emergency Contact Information

Please note, we will only contact this person in the event of an emergency/crisis and will always inform you if we do so.

Name:_____ Relationship to You:_____

Phone Number:_____

Alternate Number:_____



About You

Hobbies/Interests: _____

Reason for contacting us about counseling:

Goals you want to accomplish in working together:
1) _____
2) _____
3) _____

Equine-Assisted Psychotherapy (EAP) Only:
Why are you interested in EAP? _____

Please describe your past experience and comfort level with horses (if any): _____

Do you have any medical conditions that may interfere with your ability to comfortably be around horses/the farm (allergies, asthma, etc.) and/or that may interfere with your ability to move quickly if needed? _____

If you are interested in mounted/riding exercises, we must know your height and weight to determine which horse(s) you can safely mount/ride: Height _____ Weight _____

Family History

Currently in a significant romantic relationship?	Yes	No
Significant prior relationship (divorced, widowed, etc.)?	Yes	No

Number/names of children and ages (if applicable): _____



Dependent adults living with you (if applicable): Yes No

If yes, list relationship: _____

Who currently lives in your home? (list names/relationships of all that apply): _____

Pets? Yes No

If yes, list name and type (dog, cat, etc.): _____

Employment/Education History

Are you Currently Working? (circle one) Yes, full time Yes, part time Not at all

If applicable, complete below:

Job Title: _____ Current Employer: _____

Employment concerns (if applicable): _____

Degree (if applicable): _____

Current level in school (if applicable): _____

Educational concerns (if applicable): _____

Medical History

Primary Care Physician: _____

Date of most recent physical exam: _____

Current medications (with dosages and prescribers) taken on a regular basis:



Please list any current and previous medical problems (diabetes, thyroid disorder, cancer, etc.):

Please list any significant medical history (cancer, accidents, surgeries, etc.):

Please list any significant family medical, mental health, and substance abuse history (cancer, alcoholism, depression, etc. in parents, grandparents, etc.):

Please list any accommodations needed (for vision/hearing impairment, etc.):

Mental Health Treatment History

Have you been in counseling/therapy before? Yes No

If yes, when and for how long? _____

Previous counselor/therapist(s) name(s): _____

Reasons for previous counseling/therapy: _____

Have you ever been hospitalized for mental health reasons? Yes No



Strengths (What is good about you? Describe your personality traits, characteristics, values, skills, etc. you are proud of and/or others admire about you.):

Support System (who else is there for you when you need to talk, comfort, distraction, etc.):

Have you ever been arrested and/or charged with committing a crime? Yes No

If yes, please describe charges and outcome:

Do you currently have an assigned probation officer *and/or* social worker for any reason?

Yes No

If yes, please list name: _____

Please list any other information not previously listed on this form that you feel is pertinent to us working with you:
