**MENTAL HEALTH AND WELLNESS**

**INTAKE ASSESSMENT**

**(MHWIA)**

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

**DOB: \_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Briefly state your reason for enrolling in the Trauma-Healing Workshop:**

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**Briefly describe** any current issues of distress or difficulties that you are experiencing and have desire to benefit from participating in this Trauma-Healing Workshop.

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**Family History**

Family of Origin – **Briefly describe your family structure (example: My parents are divorced. I have three siblings. I have a positive relationship with my family members. I am estranged from my family).**

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**Current Status**

Are you: **Single Married Divorced Widowed**

Do you have children? **Yes** **No**

Is there current distress in the family relationships in your current living situation? Briefly explain?

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Are your living arrangements stable? **Yes** **No**, if not Please explain

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Are you Currently Employed? **Yes**  **No**

Are you financially stable? **Yes No**

**Social and Relationship Status**

Are you able to make friends easily and keep friends? **Yes No**

Do you struggle with developing healthy friendships and relationships? **Yes No**

**Education and Career Status**

What is your highest Grade Level?

Do you have Reading or Comprehension impairments that would hinder your participation in the workshop? (e.g. Dyslexia, Learning Disability, Receptive or Expressive Disorder) Yes **No**

**Mental Health History**

Do you or family of origin struggle with mental illness with Depression, Bipolar, Anxiety, Schizophrenia, Post Traumatic Stress Disorder, Other? **Yes No**

Are you currently prescribed Psychotropic medications? **Yes No**

Do you struggle with Auditory or Visual Hallucinations? **Yes No**

Have you ever been hospitalized for Suicidal or Homicidal ideas? **Yes No**

Do you have active Suicidal or Homicidal ideas? **Yes No**

Have you ever been in Counseling or currently in Counseling? **Yes No**

Have you ever or currently struggled with Self-Harm behaviors? **Yes No**

Have you ever or currently struggled with Alcohol or Substance use? **Yes No**

Are you struggling with Addictions? (e.g. pornography, gambling, shopping, sex) **Yes No**

**PAST SIGNIFICANT EVENTS**

Check any of the following that apply:

\_\_\_\_ Significant medical or health condition \_\_\_\_\_\_of parent/caregiver

\_\_\_\_ parental/ caregiver separation \_\_\_\_Divorce \_\_\_\_\_ Widow

 \_\_\_Death of a loved one

\_\_\_\_ Incarceration \_\_\_\_\_\_of a parent or caregiver

\_\_\_ Adoption      \_\_\_ Foster Care \_\_\_\_ Abandonment

\_\_\_\_Substance abuse \_\_\_of parent /caregiver

\_\_\_Sexual Abuse    \_\_\_Physical Abuse     \_\_\_Sexual Assault

\_\_\_\_ Poverty \_\_\_\_ Lack of necessities  \_\_\_\_ Homelessness   \_\_\_ Neglect

\_\_\_Witnessed Domestic Violence   \_\_\_Victim of Domestic Violence

\_\_\_\_Natural Disaster \_\_\_\_Crisis Event (ex: car accident, house fire)