



**THE HOUSE OF HOPE**

Phone: 715-483-3000

www.thehouseofhope3.com

**Afton Location:**

3411 St. Croix Trail South  
Afton, MN 55001

**St. Croix Falls Location:**

2070 Hwy. 8  
St. Croix Falls, WI 54024

**Adult Intake**

*To best meet your needs, the information below will maximize your time here. Please allow 30-60 minutes to complete this survey prior to your first appointment. Write "N/A" for anything that does not apply.*

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Martial Status: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ (cell, home, or work) Messages OK? Yes \_\_\_\_\_ No \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ (cell, home, or work) Messages OK? Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_ OK to Email? Yes \_\_\_\_\_ No \_\_\_\_\_

I wish to be contacted for appointment reminders via - Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Primary Insurance:**

**Secondary Insurance:**

Health Plan		Health Plan	
Policy Holder		Policy Holder	
Member ID#		Member ID#	
Group/Policy #		Group/Policy #	

Responsibility Party: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Please summarize the reasons that led you to seek our services:

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**YOUR COUNSELING FOCUS**

CIRCLE any problems that are significantly bothering you:

- |             |            |                  |                 |                 |
|-------------|------------|------------------|-----------------|-----------------|
| Depression  | Emotional  | Employment       | Housing         | Disability      |
| Anxiety     | Grief/Loss | Anger/Violence   | Physical health | Mental health   |
| Emotional   | Health     | Spiritual health | Sexuality       | Relationships   |
| Education   | Finances   | Legal issues     | Military issues | Cultural issues |
| Social Life | Housing    | Addiction—self   | Addiction—other | Abuse           |
| Trauma      | Disability | Lifestyle        | Self-harm       |                 |

Chief areas of stress during the last year:

Area	Low	Medium	High	Impact on You

*You will now have the opportunity to provide more detail regarding the problems and stresses in your life. Please include any important history of each problem.*

**FINANCES**

Describe any problems related to finances:

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**LEGAL ISSUES**

Describe any problems with legal matters: (Circle) Civil / Criminal

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Are you on probation? \_\_\_ Y \_\_\_ N Give details: \_\_\_\_\_

Are you on parole? \_\_\_ Y \_\_\_ N Give details: \_\_\_\_\_

