



## Intake Form

Participant Name:		Age:	Pronouns:	Date:
Gender Identity: (M/F/TransM/TransF/Nonbinary/Fluid/Self-identify)	Grade:	School:		
Guardian(s):			Relationship to Youth:	
Email:		Phone:		

Reason for seeking services:

---

---

---

---

---

---

Who currently lives in the home? \_\_\_\_\_

If applicable, is a parenting plan in place for your youth? \_\_\_\_\_

Has there been any self-harm of suicidal ideation/attempts? How current?

---

Please describe your social support system (i.e. therapist, psychiatrist, other services).

---

Does the youth have prior horse/animal experience or interest?

---

As a result of attending sessions at ANT, what specific changes do you wish to see happen?

---

---

---

---

Are there any current mental health diagnoses?

---

Current medications? If so, please list them.

---



Please check any of the concerns or symptoms listed below that your youth is currently experiencing:

- ☐ Relationship problems
- ☐ Difficulties with family
- ☐ Difficulties with friends
- ☐ School problems
- ☐ Fatigue/low energy
- ☐ Death of family member or friend
- ☐ Anxiety/worry/nervousness
- ☐ Panic attacks
- ☐ Perfectionism
- ☐ Guilt/shame feelings
- ☐ Trouble sleeping
- ☐ Depressed mood/sadness
- ☐ Suicidal thoughts
- ☐ Self-injury
- ☐ Eating habits
- ☐ Drug Abuse
- ☐ Alcohol Abuse
- ☐ Anger/irritability
- ☐ Experience of Verbal/emotional abuse (current or past)
- ☐ Loss of interest in previous activities

- ☐ Difficulty saying "no" to others or asserting self
- ☐ Trouble with memory or concentration
- ☐ Experience of physical abuse
- ☐ Experience of sexual abuse
- ☐ Feelings of futility/loss of hope
- ☐ Life Transition (adjustment/change)
- ☐ Obsessive thoughts/excessive fears
- ☐ Impulsive actions
- ☐ Difficulty trusting others
- ☐ Low self-esteem
- ☐ Avoidance of conflict
- ☐ Withdrawn, isolating
- ☐ Shy/uneasy around others
- ☐ Fear of failure
- ☐ Hyperactivity/attention problems
- ☐ Headaches/stomach aches
- ☐ Identity concerns
- ☐ Other: \_\_\_\_\_

#### Family History – Please Check Any That Apply

- ☐ Substance abuse in the home (past or present? Please circle one.)
- ☐ Incarcerated close relatives or friends
- ☐ Witnessed/Experienced Domestic Violence

- ☐ Foster Care (How long:\_\_\_\_\_)
- ☐ Adopted (Age:\_\_\_\_\_)
- ☐ Unstable Housing
- ☐ None Apply



Is there anything else you'd like us to know before your youth begins sessions at ANT?

---

---

---

I understand that to hold a spot for my youth I must turn in:

- ☐ Intake Form
- ☐ Current Registration Packet
- ☐ Financial Aid Application (If applying)
- ☐ Deposit of \$25

Thank you for taking the time to fill out this intake! Our Program Coordinator and/or instructors may give you a call for further clarification of any information reported here.

*P.O. Box 31595, Bellingham, WA 98228 / [www.animalsasnaturaltherapy.org](http://www.animalsasnaturaltherapy.org) / 360-671-3509*