



ANIMALS AS NATURAL THERAPY

## Intake Form

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

Reason for seeking services:

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

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

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

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

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

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Are there any current mental health diagnoses?

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Current medications? If so, please list them.

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## ANIMALS AS NATURAL THERAPY

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- Withdrawn, isolating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?

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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