



Youth Evangelism Strategies

Hibiscus Haven

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CLIENT INTAKE QUESTIONNAIRE

Section 1: Basic Information

- Full Name:
- Date of Birth:
- Gender at Birth
- Contact Information:
- Emergency Contact (Name, Relationship, Phone):

Section 2: Presenting Concerns

- What brings you to care at this time?
- When did these concerns begin?
- Have you experienced any recent crises or traumatic events?
- What symptoms are you currently experiencing? (e.g., anxiety, depression, flashbacks, sleep disturbances)

Section 3: Trauma History

- Have you experienced any of the following? (Check all that apply)
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Neglect
 - Domestic violence
 - Community violence

- Loss of a loved one
 - Natural disaster
 - Other (please describe):
- Are you comfortable discussing these experiences with your care team?
- What helps you feel safe when discussing difficult topics?

Section 4: Mental Health History

- Previous diagnoses (if known):
- Past mental health treatment (inpatient/outpatient, therapy, medications):
- Current medications:
- History of self-harm or suicidal ideation:
- Substance use history:

Section 5: Strengths and Coping

- What helps you cope during difficult times?
- What are your personal strengths?
- Who or what supports you emotionally?

Section 6: Cultural and Identity Considerations

- Are there cultural, spiritual, or religious beliefs that are important to your care?
- Are there aspects of your identity (race, ethnicity, gender, sexuality, disability) that you want your care team to be aware of?

Section 7: Safety and Preferences

- What helps you feel emotionally and physically safe?
- Are there triggers or situations that make you feel unsafe?
- Do you have preferences for how staff interact with you (e.g., tone, touch, privacy)?