



PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM

HOPE
—healthcare services—

Patient Intake Form

Hope Healthcare Services mission – To worship God by meeting the needs of the underserved in our community in order to build bridges of faith in Jesus Christ.

PATIENT DEMOGRAPHICS					DATE	
NAME						
ADDRESS		STREET			APT NO.	
CITY		STATE		ZIP CODE	EMAIL	
TELEPHONE		CELL #			ALT. PHONE	
DATE OF BIRTH		MM-DD-YYYY		SOC. SECURITY NUMBER		
GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RELIGIOUS PREFERENCE		
EMERGENCY CONTACT				EMERGENCY PHONE #		
RELATIONSHIP TO PATIENT						

HOUSING	MARITAL STATUS	MILITARY STATUS	EMPLOYMENT STATUS	ETHNICITY & RACE	TRANSPORTATION	COUNTY	HIGHEST EDUCATION COMPLETED
<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> PUBLIC/SUBSIDIZED <input type="checkbox"/> HOMELESS <input type="checkbox"/> SHELTER <input type="checkbox"/> OTHER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> VETERAN <input type="checkbox"/> NONE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP. <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> DISABLED <input type="checkbox"/> RETIRED <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> PART TIME STUDENT	ETHNICITY- <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NON-HISPANIC OR LATINO RACE- <input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> WHITE /CAUCASIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____	<input type="checkbox"/> OWN CAR <input type="checkbox"/> OTHER CAR <input type="checkbox"/> PUBLIC <input type="checkbox"/> FOOT <input type="checkbox"/> NONE	<input type="checkbox"/> HENDRICKS <input type="checkbox"/> MORGAN <input type="checkbox"/> BOONE <input type="checkbox"/> PUTNAM <input type="checkbox"/> MARION <input type="checkbox"/> MONTGOMERY <input type="checkbox"/> OTHER _____	<input type="checkbox"/> K-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS/GED <input type="checkbox"/> SOME COLLEGE

Please add any other information about your health that you would like your provider to know here:

Certification and Authorization

I attest that all information provided for patient intake and medical history is complete, true and accurate.

Consent for Treatment

By signing this consent, I am agreeing to the receipt of medical and/or dental treatment by Hope Healthcare Services. I agree to have the designated person(s) review health information as needed for treatment. I am agreeing to keeping all set appointments or informing the office of necessary cancellations per the clinic policy.

Patient, Guardian, or Caregiver Signature

Date

Thank you again for your time. Please note that this information will be kept completely private.

Spiritual Care Questionnaire

These questions are graded on a Likert scale:

0 – Strongly Disagree **1** – Disagree **2** – Neither Agree nor Disagree **3** - Agree **4** – Strongly Agree

	0	1	2	3	4
Physical					
I am sleeping well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not smoke or drink in excess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am physically able to carry out everyday tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I have a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	0	1	2	3	4
I do not feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel annoyed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am enjoying the things I usually do for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am content with the quality of my life right now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relational	0	1	2	3	4
I get emotional support from my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get emotional support from my friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to my co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to my partner (or the person who is my main support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	0	1	2	3	4
I am satisfied with my current financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to meet my monthly expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel financially stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not concerned about keeping my job, and income, including work at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual	0	1	2	3	4
I feel a sense of purpose in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find comfort in my faith or spiritual beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find strength in my faith or spiritual beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation is important in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure there is a higher being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>