Mourning Dove Discipleship Counseling and Placement Services
PO Box 2058
Manteo, NC 27954-2058
Phone & E-fax: 877-535-3300
Email: Info@MourningDoveDiscipleship.org
Website: www.MourningDoveDiscipleship.org

Mourning Dove
Discipleship Counseling & Placement

INTAKE FORM

Prepared by: _____ Date: _____ Preparer ID# _____

General Contact Information

Name _____ DOB _____ Age _____
Address _____ Gender _____ Marital Status _____
_____ Email _____
Phone _____ Referred by _____
Safe Person (name and phone #) _____
2nd Contact Person (name and phone #) _____

Substance Abuse History

Illicit Drugs Used | Date last used | Have you been detoxed?

_____
_____
_____
_____

Medical (general)

Current and Past Medications | Diagnosis | Before or after drugs? | Length of time on meds

_____

_____

Insurance? *Yes / No * If yes, provide copy of card
Date of last physical/bloodwork _____ Where performed? _____
History of seizures? Yes or No (circle one) History of allergies? Yes or No (circle one)
If yes, explain_____ If yes, explain_____

Probation Officer _____ Phone Number _____
Parole Officer _____ Phone Number _____
Attorney _____ Phone Number _____
Open Court Issues (upcoming court dates and explanation)
_____
_____

Signature of Interviewer _____ Date _____

Signature of Interviewee _____ Date _____

☐ **By checking this box, I, the interviewee, allow my information to be shared within Mourning Dove Discipleship Counseling and with all contact names that are listed on this form**.

Notes: _____
_____
_____