**INTAKE FORM**

**PART 2 – GETTING TO KNOW YOU**

**This Form is About**

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| Name I like to be called is: |  |

**Mental Well Being**

Every human has needs, and when our needs are not met, this can really have a negative impact on our mental health, causing us to feel depressed, disconnected or unable to cope.

We are founded on wellbeing principals and it is really important to us to find out what you need and how you can get it, and how we can best support you on this journey.

We would like to look into different areas of your life and talk about your needs and desires, and if they are not being met, what you could do to meet your needs.

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| **Physical Needs**  Physical needs include things like exercise, nutrition (the food you eat), sleep, shelter (having a safe place to sleep/live), warmth and being healthy. |
| **Emotional Needs – feelings that make us feel happy**  Feeling loved and loving someone in return, feeling safe, feeling connected to a community, feeling appreciated, having someone to share your feelings with |
| **Psychological Needs**  Feeling a autonomous, feeling competent, feeling accomplished and feeling connected |
| **Sexual Needs**  Every human has a sexual drive and it is normal for humans to want to have sex. |
| **Spiritual Needs**  This can include needs around your religious beliefs, spending time in the natural world, having quiet time to think about life and its meaning. |

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| **Need** | **What is Important to you?** | **Are your needs being met?** | **Would you like to do more to get your needs met?** | **How could we help you?** | **Would you like to share this with someone so they could help you?** | **If yes, Contact details**  **(name, contact/relationship)** |
| **Physical** |  | Yes  No  Partially | Yes  No  Unsure |  | Yes  No |  |
| **Emotional** |  | Yes  No  Partially | Yes  No  Unsure |  | Yes  No |  |
| **Psychological** |  | Yes  No  Partially | Yes  No  Unsure |  | Yes  No |  |
| **Sexual** |  | Yes  No  Partially | Yes  No  Unsure |  | Yes  No |  |
| **Spiritual** |  | Yes  No  Partially | Yes  No  Unsure |  | Yes  No |  |

**How to Best Support Me**

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| --- | --- |
| **What’s important for us to know in the way we provide support to you?**   |  | | --- | |  | |

**Staying Healthy and Safe**

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| **What I Need to Stay Healthy?**   |  | | --- | |  |   **What do I need to do to Stay Safe?**   |  | | --- | |  |   **What Can I Do Myself?**   |  | | --- | |  |   **What would I like to do Myself?**   |  | | --- | |  |   **What help do I need to do these things?**   |  | | --- | |  | |

**Helping Me Have A Better Day**

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| Getting to know about your feelings and how these feelings might lead to unwanted behaviours is important for people to know, so they can best support you.  If we can identify what in your environment may cause you to have feelings like frustration, anger or even sadness, we can put some strategies in place to ensure that the people supporting you work with you positively to help you have a good day.  If we can learn more about how you are feeling, and why, we can then work together to find strategies to help you deal with your feelings in the moment.  **What Happens?**   |  | | --- | |  |   **What does it look like?**   |  | | --- | |  |   **How Often Does it Happen?** Can choose more than one   |  | | --- | | * Daily | | * Weekly | | * Every now and then |   **When does it Happen?** Can choose more than one   |  | | --- | | * Daytime | | * Night time | | * When i’m trying to go to sleep | | * When I have to go somewhere (e.g gp, shops,dentist etc | | * When a service provider is in my home |   **How long does it last for?** Can choose more than one   |  | | --- | | * Minutes | | * Hours | | * Days | | * Weeks | | * Months | | * It changes | | * It never stops |   **How would you rate the intensity of your feelings?** Can choose more than one   * Low * Medium * High * Other   Comment:   |  | | --- | |  |   **Do you think there might be things in your environment that may cause these feelings**?  Yes  No  Comments:   |  | | --- | |  |   **What happens before you start to feel unhappy/anxious/scared etc ?**   |  | | --- | |  |   **What happens to your body?**  Are there physical changes such as shaking/crying/clenched fists/rocking   |  | | --- | |  |   **Has something been removed or added to your environment?**   |  | | --- | |  |   Now that we have identified what it looks like when you are overwhelmed with your feelings, let’s have a look at what we can put in place to make you feel better.   |  |  | | --- | --- | | **Feelings?** (upset/anxious/depressed/angry) | **What can make me feel better?**  (deep breathing/meditation/phone call to counsellor/art) | |  |  | |  |  |   **How can People best Support You?** (time to myself/accompany me on a walk)   |  | | --- | |  | |

**Consent**

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| **Would you like to receive a copy of this document?**   * Yes * No   If yes, best email address:   |  | | --- | |  | |
| **Would you like anyone to have a copy of this document?**   * Yes * No   If yes,   |  |  | | --- | --- | | Person Name: |  | | Relationship: |  | | Email Address: |  | |