

Rachel's Vineyard Intake Sheet

Date _____

NAME _____

Phone# (h) _____ (c) _____ (w) _____

ADDRESS:

CITY _____ STATE: _____ ZIP: _____

Email: _____

OK to call these numbers? Yes ___ No ___ OK to leave message? Yes ___ No ___

OK to mail to this address? Yes ___ No ___ OK to e-mail? Yes ___ No ___

Emergency Contact (Name, relationship, phone #): _____

How did you hear about RV? _____

Faith _____ Practicing? _____ Comments: _____

Age(s) ___ / ___ Marital

Status ___ Single ___ Comments: _____

Occupation: _____

Living Children? _____

Is spouse the parent of the aborted child/children? _____

Reproductive History: (For women) (For men or couples, the answers may apply to the man and the aborted woman)

Infertility following abortion _____

Adoption following abortion _____

Abortion(s) # _____

| Date | Age | Method | Coercion | Maternal/ Fetal health related |
|------|-----|--------|----------|--------------------------------|
|------|-----|--------|----------|--------------------------------|

Miscarriage/Stillbirth/Neonatal Death Dates: _____

Comments: _____

Current contact with mother/father of aborted baby or other person(s) involved in abortion event? _____

Describe relationship _____

Family/Support System _____

Medical/Mental Health Issues (including allergies, handicaps or stated diagnosis):

Depression? ____ Suicidal ideation? ____ HCP name /# _____

Previous therapy or “group” experience: _____

Previous PAB counseling: _____

What brings you to Rachel’s Vineyard Retreat?

How has your abortion affected you?

Appetite__sleep__concentration__mood swings__medications__alcohol__substance
abuse__cutting__eating disorder__sad__relationship issues__sexual dysfunction__
Attempted suicide__parenting__shame__guilt__spiritual isolation__anger__sorrow__
Anxiety__avoidance__numb__crying__poor self image__bitter__rage__flashbacks__
Self abuse/destructive__promiscuity__anniversary reactions__psychotic break__

History of physical or sexual abuse? _____

Active substance abuse? _____

*Must be referred for private counseling in this instance and may attend RV when
clearance from treatment center, physician or therapist*

What do you most hope to accomplish on a Rachel’s Vineyard Weekend Retreat?

Is there anything else you would like us to know in order to help you to heal?