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Office Use Only

	Case # _____ (month – year – number)
Client Name _____	Phone _____
Date: _____	Left message: yes or no _____
	Vol Intake Counselor: _____
Date: _____	Left message: yes or no _____
	Vol Intake Counselor: _____
Assigned to: _____	Hold: _____
Close: _____	Transfer to: _____

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ **Eve Center clients must be 18 years old.**

Email Address: \_\_\_\_\_

May we email you: Information about our programs? \_\_\_ yes \_\_\_ no

To confirm/change appointments? \_\_\_ yes \_\_\_ no

Our newsletters? \_\_\_ yes \_\_\_ no

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ok to leave message? \_\_\_ yes \_\_\_ no

Other number: \_\_\_\_\_ Ok to leave message? \_\_\_ yes \_\_\_ no

***Please know that call backs or messages will come from "Eve Center", so you know we tried to reach you.***

**A. Where and when can you come in?**

\_\_\_ Silverton/Kenwood (6969 Montgomery Rd)

\_\_\_ Price Hill (4904 Glenway Ave, intersection of Guerley)

Please let us know your availability below:

**Silverton/Kenwood:**

Closed Monday/Friday  
Open Tuesday thru Thursday 9-8  
Saturday 9-12

**Price Hill:**

Closed Monday  
All peer counseling is by appointment only

**What day and time do you prefer? Example: Tuesday 10-3 or Thursday 6-8pm.  
Your VPC will contact you regarding your choice.**

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Any other restrictions: \_\_\_\_\_

**B. Other helpful information:**

If employed, where? \_\_\_\_\_

\_\_\_\_ married \_\_\_\_ single \_\_\_\_ other (please explain) \_\_\_\_\_

\_\_\_\_ # of children ages and sex of each \_\_\_\_\_

\_\_\_\_ # living at home \_\_\_\_ # living elsewhere (please explain) \_\_\_\_\_

Do you attend church? \_\_\_\_ never \_\_\_\_ rarely \_\_\_\_ sometimes \_\_\_\_ weekly

If yes, where? \_\_\_\_\_

How did you hear about the Eve Center? \_\_\_\_\_

Have you ever been in counseling before? \_\_\_\_no \_\_\_\_yes If yes, where, when and what for?

\_\_\_\_\_  
\_\_\_\_\_

Are you in the care of a medical doctor? \_\_\_\_ no \_\_\_\_ yes For what concerns?

\_\_\_\_\_  
\_\_\_\_\_

Please name two emotions that describe how you are feeling right now:

\_\_\_\_\_

The following is a list of concerns women bring to the Eve Center. Please “check” those that you feel apply to you and/or your current situation. This is part of your confidential record.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abortion                    | <input type="checkbox"/> Divorce            | <input type="checkbox"/> Parenting       |
| <input type="checkbox"/> Abuse - childhood<br>sexual | <input type="checkbox"/> Eating issues      | <input type="checkbox"/> Pregnancy       |
| <input type="checkbox"/> Abuse - domestic            | <input type="checkbox"/> Employment         | <input type="checkbox"/> Pregnancy loss  |
| <input type="checkbox"/> Aging - you                 | <input type="checkbox"/> Fear               | <input type="checkbox"/> Relationships   |
| <input type="checkbox"/> Aging - parents             | <input type="checkbox"/> Finances           | <input type="checkbox"/> Self-esteem     |
| <input type="checkbox"/> Alcohol/drugs               | <input type="checkbox"/> Grief              | <input type="checkbox"/> Singleness      |
| <input type="checkbox"/> Anger                       | <input type="checkbox"/> Guilt/Shame        | <input type="checkbox"/> Spirituality    |
| <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Husband/partner    | <input type="checkbox"/> Stress          |
| <input type="checkbox"/> Boundaries                  | <input type="checkbox"/> Illness/disability | <input type="checkbox"/> Suicide         |
| <input type="checkbox"/> Childlessness               | <input type="checkbox"/> Incarceration      | <input type="checkbox"/> Other:<br>_____ |
| <input type="checkbox"/> Death                       | <input type="checkbox"/> Life style choices |  |
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Loneliness         |  |
|  | <input type="checkbox"/> Loss               |  |

Please summarize the need that brings you here:

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Thank you for contacting us. It is our prayer that you will receive a measure of peace about your situation as you share your story with one of our “caring partners” providing peer support. We want you to feel comfortable and safe, knowing that anything you say will be kept confidential. We will make every effort to connect you with a Volunteer Peer Counselor who cares deeply for what you are experiencing.

Our “caring volunteers” are not professionals and should not be a substitute for professional psychological, psychiatric or medical care. They are trained women here to share with and support you.

This form is given to our Director who will either call you for clarification about something or she will contact a peer counselor who will be in touch to set up an appointment with you as soon as possible.