

Phase 2 - Moving Beyond Trauma Intake Form		
*** Please read and write/type in the required information below. Upon completion, please email your completed form to Karen MacKeigan at karen@thegatehouse.org ***		
Date:	Participant Name:	
Address:		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Can we leave a message? Yes _____ No _____	Can we leave a message? Yes _____ No _____	Can we leave a message? Yes _____ No _____
Email Address: Is it okay to email you? Y _____ N _____	Age:	Birth Date: ____/____/____ MM /DD /YR
Gender: Pronouns: (She/Her) (He/Him) (They/Them) (Ze/Zie) (Other) please specify:	Are you homophobic or transphobic? Yes / No [circle one] Please Note: The Gatehouse is a safe and inclusive space for everyone.	
Emergency Contact Name & Relationship to you (e.g. Mother/Sister/Friend/Aunt:	Emergency Contact Phone Number:	
<p>Have you read and do you agree to all of the information enclosed in the House/Virtual Group Rules file? (Email attachment)</p> <p>Please Note: All Phase 2 group registrants are required to read and agree to The Gatehouse House and Virtual Group Rules information (File 2 enclosed). Please advise The Gatehouse Phase 2 Program Coordinator, Paula (pcordeiro@thegatehouse.org) if you have any questions. Thank you.</p>		

What are some of the areas of your life that you want to transform?

What do you hope to get out of the Phase 2 program process?

What are some strategies or strengths that you have that are helpful to you in your healing journey?

What do you do for self-care in terms of physical, social, psychological and spiritual areas of your life?

What did you find meaningful for you from the Phase 1 program?

What is something you learned from the Phase 1 program that you think will be helpful to you in your healing journey?

OFFICE USE ONLY

Phase 2 Group Start Date:

Comments:

Staff/Student/Volunteer Name:

Staff/Student/Volunteer Signature:

File Date:

Date Entered in PH2 Group Tracking List: