



Unbroken Equine-Facilitated Healing  
1025 County Rd. 463  
Elgin, TX 78621  
(512) 309-5020  
www.unbroken.org

## INTAKE QUESTIONS AND TREATMENT GOALS

*Please fill out this form to the best of your ability prior to your intake appointment at Unbroken. You may either complete it online and email it to [hadley@unbroken.org](mailto:hadley@unbroken.org) or print and bring completed hard copy to your intake appointment.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Age

\_\_\_\_\_  
Phone

Ok to leave message? \_\_\_\_\_

\_\_\_\_\_  
Email

Ok to send email? \_\_\_\_\_

Referral Source (How did you hear about us?): \_\_\_\_\_

Please list any mental health diagnoses: \_\_\_\_\_

Have you ever been hospitalized for mental health reasons? \_\_\_\_\_

If yes, please indicate date and reason for hospitalization here: \_\_\_\_\_



**Unbroken**  
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Have you ever attempted suicide in the past? \_\_\_\_\_

If yes, please indicate approximate date(s) of attempt(s): \_\_\_\_\_

\_\_\_\_\_

Do you currently feel suicidal? \_\_\_\_\_

Have you suffered any notable physical or emotional traumas, either long ago or recent? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider your greatest strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think people who know you would consider your best qualities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is going well in your life right right now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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What is your primary reason for seeking therapeutic services at Unbroken at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three goals, or things you would like to see change for you as a result of treatment. Keep in mind that these goals may change over time as you progress in treatment and your needs and circumstances change, and that is perfectly fine. We will revisit your goals and sometimes shift focus or form new ones as needed throughout your treatment. Please just name the ones that feel most important to you at the present time:

1)

2)

3)

\_\_\_\_\_  
Signature of client or parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unbroken Therapist