

Positive Strategies for Healthy Lifestyles Registration
(Please Print)

Name: _____

Address: _____

City: _____ Zipcode: _____

Contact Phone: _____

Date of Birth: _____ Current Age: _____ Male Female

1) Are you required to attend this class? Yes No

2) Referred by:

- | | |
|---|---|
| <input type="checkbox"/> No one referred me/self | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Court/Judge | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Every Woman's Place/Webster House | <input type="checkbox"/> Family Resource Center |
| <input type="checkbox"/> Department of Human Services (DHS/CPS) | <input type="checkbox"/> Doctor/Nurse/Other healthcare professional |
| | <input type="checkbox"/> Other _____ |

If you were referred to this class, why? _____

3) Have you ever attended a class like this before? Yes No

a) If yes, what class? _____

b) Who offered the class? _____

c) Was the class helpful in addressing your needs? Yes No

Why or why not? _____

Below This Line is for Office Use Only

Agencies referred to for additional assistance:

How were they referred for additional assistance?

- In person
 Phone call
 Letter
 Other _____

Intake form received by: _____

Intake form reviewed by: _____

Assigned class start date: _____

Class start time: _____ am/pm

Referral contact completed by: _____