



The Ark Dothan

WWW.THEARKDOTHAN.ORG | 334-794-7223 | 475 WEST MAIN ST., DOTHAN AL 36305

Ark Dothan Inc. Chaplain/Counselor Questionnaire

This form must be submitted to info@thearkdothan.org for applicant to be considered for this program

Date: _____

Applicant's Name

Address _____ City _____ State _____ Zip _____ County _____

Phone Number: _____ Birth Date: mm/dd/yy _____

SS# _____ - _____ - _____

Does the applicant understand this is a 12 month program? Yes No

Do they want to pursue admission to this program? Yes No

Does the applicant understand and agree to the Ark Resident Discipleship Covenant? Yes
No

Psychological History

Has applicant ever been diagnosed with a psychological problem? Yes No

If yes, what was the diagnosis: _____

Who gave the diagnosis: _____

Were they prescribed medication to address psychological problems? Yes No

Are they currently taking the prescribed medication? Yes No

What is the medication? _____

Have they been hospitalized for psychological problems? Yes No

If so, when and where? _____

Do they have chronic medical problems? Yes No

If so, what? _____

Are they currently being treated for this condition? Yes No

Are they taking any medications for this condition? Yes No

Please list all medications do they currently take: _____

Please list all previously prescribed psychiatric medication: _____

Have they attempted suicide? Yes No If so, how many
times? _____

Have they had ideations of suicide? Yes No

Date of last attempt/ideation: _____

Explain: _____

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Family history of suicide? Yes No

Previous self-harm? Yes No If yes, how long? _____

Are they a self harm risk now? Yes No

Risk level at time of intake? Low High

Legal History

Military Service: Yes No Branch _____ Highest Rank _____

Legal History: _____

Substance Abuse History: _____

Homicide Attempts? No Ideation Ideations Plan Attempt

Explain: _____

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Spiritual History

Have they received Christ as your Lord and Savior? Yes No

What are their views on spirituality? _____

Chaplain/Counselor Comments and Observations: _____

I recommend this applicant for the Ark Resident Discipleship Program

I do not recommend this applicant for the Ark Resident Discipleship Program

Signature of Chaplain/Counselor

Date

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