



# Pastoral Counseling - Intake Form

## Personal Information – Please Print

Name	_____	Date	_____
Date of Birth	_____	Phone	_____
Address	_____	Work Phone	_____
City	_____	E-mail Address	_____
State	_____	Spouse's Name	_____
Zip Code	_____	# in Household	_____
Marital Status	Married    Separated    Single    Living Together    Divorced    Widowed		
Have you been previously married?			
How long have you been married?			
How long have you been divorced?			
How long have you been widowed?			
Do you have any children?			
Names and ages of children			
Do you attend Meadowbrook Church?			
Do you actively serve at Meadowbrook Church?			
Occupation?			
Emergency contact number			
Please list any medications you are using			

## PRELIMINARY ASSESSMENT – Please check any of the following that apply to you:

<input type="checkbox"/>	I feel depressed	<input type="checkbox"/>	Jesus is important in my life
<input type="checkbox"/>	I feel hopeless	<input type="checkbox"/>	I strongly fear rejection
<input type="checkbox"/>	I feel angry	<input type="checkbox"/>	I think of suicide
<input type="checkbox"/>	I feel anxious	<input type="checkbox"/>	I feel worthless
<input type="checkbox"/>	I feel fearful	<input type="checkbox"/>	I struggle with my in-laws
<input type="checkbox"/>	I feel sad	<input type="checkbox"/>	I struggle as a parent
<input type="checkbox"/>	I struggle with bitterness	<input type="checkbox"/>	I use illegal drugs
<input type="checkbox"/>	I am having marital issues	<input type="checkbox"/>	I abuse prescription drugs
<input type="checkbox"/>	I abuse alcohol	<input type="checkbox"/>	I struggle sexually
<input type="checkbox"/>	I use prescription drugs	<input type="checkbox"/>	My spouse has committed adultery
<input type="checkbox"/>	I view pornography	<input type="checkbox"/>	I am a poor communicator
<input type="checkbox"/>	I have committed adultery	<input type="checkbox"/>	I do not read my bible often
<input type="checkbox"/>	My spouse is a poor communicator	<input type="checkbox"/>	I don't think about Jesus much
<input type="checkbox"/>	I do not attend church regularly	<input type="checkbox"/>	I have been sexually abused
<input type="checkbox"/>		<input type="checkbox"/>	I have been physically abused

Briefly describe why you are seeking counseling:

What do you hope to accomplish through counseling?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian of Minor

\_\_\_\_\_  
Date