

## Counseling Intake Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Education: Last year completed \_\_\_\_\_

Other Education (trade school, college) \_\_\_\_\_

Referred here by: \_\_\_\_\_

### Marriage And Family Information

Name of Spouse \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Education (in years): \_\_\_\_\_ Religion of Spouse \_\_\_\_\_

Is your spouse willing to come in for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Are you separated now? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long have you been separated \_\_\_\_\_

Have you even been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times \_\_\_\_\_

How long have you been married? \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

How long did you date before marriage? \_\_\_\_\_

How long was your engagement? \_\_\_\_\_

Have you been previously married? Yes \_\_\_\_\_ No \_\_\_\_\_ How long \_\_\_\_\_

Has your spouse been previously married? Yes \_\_\_\_\_ No \_\_\_\_\_ How long \_\_\_\_\_

Are your parents still married? Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced and Remarried? \_\_\_\_\_

Are your spouses parents still married? Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced and Remarried \_\_\_\_\_

Do you have any siblings? Yes \_\_\_\_\_ No \_\_\_\_\_ How many brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_

What is your birth order (first born, middle child, baby)? \_\_\_\_\_

## Counseling Intake Form

Children's Names	Age	Gender	Living Yes/ No?	Education in Years	Marital Status	From Previous Marriage

### Religious Background

Church Currently Attending? \_\_\_\_\_

Church Address: \_\_\_\_\_

Pastors Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

May we contact your pastor for information and help? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Church attendance per month: (Circle one) 0 1 2 3 4 5 6 7 8 9 10+

Were you raised in a Christian home? Yes \_\_\_ No \_\_\_

Church attended as Child \_\_\_\_\_

Have you been baptized? Yes \_\_\_ No \_\_\_ When: \_\_\_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you read the Bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you have family devotions? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you know for certain that if you died tonight you would go to heaven? Yes \_\_\_ No \_\_\_

What is the basis for answering the question above? \_\_\_\_\_

---



---

## Counseling Intake Form

Have you received Jesus Christ as your personal Savior? Yes \_\_\_ No \_\_\_ Dont know \_\_\_

How do you know that Jesus Christ is your Savior? \_\_\_\_\_

If you have received Christ as your savior, what changes took place in your life when you became saved? \_\_\_\_\_

### Personality Information

Have you had psychotherapy or other counseling before? Yes \_\_\_ No \_\_\_

Counselor/Therapist Name	Dates of Counseling	Medication Prescribed	Outcome Diagnosis

**Circle any of the following words that you believe best describe you:**

Active	Impulsive	Easy-going	Leader	Other
Ambitious	Moody	Shy	Thick Skinned	_____
Self Confident	Often-blue	Good Natured	Submissive	_____
Persistent	Excitable	Introvert	Sensitive	_____
Nervous	Imaginative	Extrovert	Self-conscious	_____
Hardworking	Calm	Lonely	Likable	_____
Impatient	Serious	Quiet		_____

Rate your health: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_

Any recent weight changes? Yes \_\_\_ No \_\_\_

List all important past or present illnesses, injuries or handicaps: \_\_\_\_\_

## Counseling Intake Form

Do any of the above illnesses or handicaps limit you in any way? Yes \_\_\_ No \_\_\_

Please Describe \_\_\_\_\_

Do you drink Alcoholic beverages? Yes \_\_\_ No \_\_\_ How Often \_\_\_\_\_ How much \_\_\_\_\_

Current Medications	For what symptoms	Dosage

Have you ever used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_

When \_\_\_\_\_ What \_\_\_\_\_ Amount/Dosages \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

If "Yes", please describe \_\_\_\_\_

Please Specify in the order of severity the specific problems that you are having.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## Counseling Intake Form

### Past or Present Issues, Circle all that pertain

Alcohol/Substance abuse	Alcohol/substance abuse	Sexual Difficulties
Physical Abuse	Emotional Abuse	Anxiety
Thoughts of suicide	Grief	Illness
Mood Changes	Life Changes	Work problems
Criminal problems	Financial problems	Abortion
Miscarriage	Internal family problems	Marital Relational problems
Hopelessness	Guilt	Worthlessness
Restlessness	Insomnia	Excessive sleeping
Sudden weight change	Loss of interest	Unforgiveness
Racing Thoughts	Uncontrollable thoughts	Anger
Irritability	Eating Disorder	Poor Appetite
Fatigue	Panic Attacks	Digestive problems
Chronic Pain	Envy	Fear
Homosexuality	Impatience	Infertility
Lifestyle change (empty nester, new baby, etc)		Perfectionists
Pornography	Overcommitment	Gambling
Conflict Resolution	Adultery	Communication problems
Selfishness	Jealousy	Depression

What have you done to try to resolve these problems? \_\_\_\_\_

Have you ever had marriage counseling for these problems? If yes, please explain when, where and how often your were counseled. \_\_\_\_\_

Are you going to any other counselor right now? If yes, please give their name and how often you see them. \_\_\_\_\_

## **Counseling Intake Form**

### **Basic Problem Identification** (Briefly answer the following questions)

Is there one problem which has motivated you to make this appointment today?

What are you expecting to receive from this counseling?

Is there any other information that you think we should know?

## Counseling Intake Form

### Consent to Counseling

---

**Our Goal-** In providing Christian Counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love and plans for your life.

**Biblical Basis-** We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor lay counselors of this church are trained or licensed as psychotherapists or mental health professionals.

**Confidentiality-** Is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However that five situations when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation; or when a crime has been committed (see Proverbs 15:22; Proverbs 24:11; Matthew 18:15-20; Deuteronomy 13:6-8). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

**Resolution of Conflicts-** On rare occasions a conflict may develop between a counselor and counselee. In order to make sure that any such conflicts will be resolved in a Biblical and faithful manner, we require all of our counselee's to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration.

Having clarified the principles of our counseling ministry, we welcome the opportunity to minister to you in the name of Jesus Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder before your counseling appointment. If these guidelines are acceptable to you, please sign below.

Signed \_\_\_\_\_ Date \_\_\_\_\_