Intake Form

Please fill out this questionnaire as completely as possible. Your information will be kept confidential.

Basic Information

Name: _____ Sex: ☐M / ☐F DOB: _____ Age: _____

Address: _____ City: _____ ST: _____ ZIP: _____

How long have you lived at this location? _____ Number of times moved in last 5 yrs._____

Home #: _____ Work #: _____ Cell#: _____

Can we leave a message? ☐Yes ☐No At what number? ☐Home ☐Work ☐Cell

E-mail address: _____

Educational and Vocational

Highest grade completed _____ College (if Attended) _____

Degree(s) _____ Vocational training _____

Military Service: Branch _____ Years served _____

Employer: _____ Job title _____

How long have you been at this job? _____ # of jobs in the last 5 yrs.? _____

Reason(s) for leaving _____

Marital Data

☐Never married ☐In a relationship ☐Engaged ☐Married; number of years married _____

☐Separated (Date: _____) ☐Divorced (Date: _____) ☐Widowed (Date: _____)

Number of times married_____

If applicable:

Spouse's name_____ Age _____ # of times married _____

Address (if different) _____ City _____ ST _____ ZIP _____

Occupation _____

Does your spouse know you are coming to receive counseling/ministry? ☐Yes ☐No

Children

Name	Step child?	Age (if living)	Health Conditions	At home?	Age at death	Cause of death

Family History

	Age (if living)	Health condition	Age at death	# times married	Alcohol Abuse?	Drug abuse?
Father						
Mother						
Step-father						
Step-mother						
Spouse's father						
Spouse's mother						
Spouse's step-father						
Spouse's step- mother						

Please evaluate the relationship between you and your parents while growing up. Check all that apply.

	Father	Mother	Step-father	Step-mother
Had the greatest effect on you				
Usually did the disciplining				
Was away a great deal				
You identified with the most				

You were close to				
Major conflicts with				
More dominant personality				
Abused drugs and / or alcohol (circle the one that applies)				
Physically abused you				
Was a workaholic				

Total size of family?	Yours	Spouse's
Total sisters?		
Total brothers?		

Were you? ☐Oldest ☐Middle ☐Youngest Was your spouse? ☐Oldest ☐Middle ☐Youngest

How would you describe your childhood? _____

_____

_____

_____

Health Survey

Are you presently under a physician's care? ☐Yes ☐No Date of last visit?_____

Physician's name:_____ Personal Physician if different:_____

For what condition(s) are you being treated?_____

Date of your last complete physical examination:_____

What, if any, medications are you currently taking (give dosage and reason for medication)_____

_____

Have you ever taken any street drugs? ☐Yes ☐No Are you currently? ☐Yes ☐No

If so, how frequent? _____ Type of drugs(s)_____

Have you had a history of excessive use of alcohol? ☐Yes ☐No Do you presently? ☐Yes ☐No

Have you ever been hospitalized for emotional problems? ☐Yes ☐No

If yes, give date(s) & reason(s): _____

Have you taken medications for emotion problems? ☐Yes ☐No

Please list any other medical problems:_____

_____

Have you previously received counseling? ☐Yes ☐No If yes, was it helpful? ☐Yes ☐No

Please complete the following questions if you have received counseling previously.

Dates:_____

With whom?_____

Reason(s):_____

Reason(s) for stopping:_____

Religious Background

Did you attend church as a young person? ☐Yes ☐No Denomination?_____

How often did you attend?_____ Did you enjoy church activities? ☐Yes ☐No

Do you attend church now? ☐Yes ☐No If yes, which church? _____

How often do you attend? _____ Do you enjoy church activities? ☐Yes ☐No

Are you secure in your salvation through Jesus Christ? ☐Yes ☐No ☐Unsure

State your reasons why?_____

Are you satisfied with your personal faith? ☐Yes ☐No ☐Unsure

Coments:_____

Are you interested in a more fulfilling personal faith? ☐Yes ☐No ☐Unsure

Coments:_____

Do you have a regular time of personal Bible study? ☐Yes ☐No ☐Unsure

How much have you study the Bible?_____

Have you been baptized? ☐ YES ☐ NO ☐ Infant baptism and/or ☐ Adult baptism Year:_____

Personal History

Have you ever experienced any of the following?

☐Child abuse ☐Spousal abuse ☐Rape ☐Incest ☐Sexual molestation

☐Unexpected pregnancy ☐Unwanted pregnancy ☐Abortion ☐Attempted suicide

☐Pregnancy outside of marriage ☐ Homosexual relationship

Has anyone closed to you committed suicide? ☐Yes ☐No If yes, when?_____

Do you have a tendency to: Have a high need for achievement / approval? ☐Yes ☐No

Be a workaholic? ☐Yes ☐No

Do you struggle with relationships? ☐Yes ☐No Explain:_____

_____

_____

Are finances a recurring problem? ☐Yes ☐No

Do you experience any phobias? ☐Yes ☐No Comments:_____

_____

Do you read or follow a daily horoscope? ☐Yes ☐No

Have you ever had any non-Christian religious or spiritual experiences? (cult involvement, physic experiences, drug use, etc.) ☐Yes ☐No

If yes, please describe:_____

_____

Have you ever been involved in criminal activity? ☐Yes ☐No

List any arrest and convictions with dates:_____

_____

What has been your greatest disappointment?_____

Describe_____

Explain briefly what you believe your problem is:_____

_____

_____

_____

What do you want the Biblical counseling process to accomplish?_____

_____

_____

Why did you choose RM?_____

_____

What do you want us to do for you?_____

_____

_____

Other Comments:_____

_____

_____

_____

_____

_____

_____

_____