

## CHRISTIAN CARE & COUNSELING Confidential Intake Form

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ (*single, married, divorced, separated, widowed*)

BIRTHDAY: \_\_\_\_\_ PHONE #: Home \_\_\_\_\_ Cell \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CARE AND COUNSELING MINISTRY?

\_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S OCCUPATION: \_\_\_\_\_

HAVE EITHER YOU OR YOUR SPOUSE BEEN PREVIOUSLY MARRIED? \_\_\_\_\_

If yes,

explain: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE CHILDREN? \_\_\_\_\_

If yes, what are their names and ages, and are they biological, adopted, foster, step?

\_\_\_\_\_

DO YOU ATTEND CHURCH? \_\_\_\_\_ If yes, where? \_\_\_\_\_

ARE YOU A MEMBER OF YOUR CHURCH? \_\_\_\_\_

WOULD YOU DESCRIBE YOURSELF AS A CHRISTIAN? \_\_\_\_\_

If yes, please briefly share your testimony of coming to Christ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR RELATIVE HEALTH: \_\_\_\_\_

LIST ANY SIGNIFICANT ILLNESS OR INJURY: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ DATE OF LAST MEDICAL EXAM: \_\_\_\_\_

CURRENT MEDICATIONS AND DOSAGES: \_\_\_\_\_

ARE YOU CURRENTLY OR HAVE YOU EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR MENTAL HEALTH PROFESSIONAL? \_\_\_\_\_

If yes, please explain your reasons: \_\_\_\_\_

WHAT IS THE MAIN ISSUE THAT BROUGHT YOU HERE FOR CHRISTIAN CARE & COUNSELING? \_\_\_\_\_

WHAT HAVE YOU DONE ABOUT THIS ISSUE?

WHAT ARE YOUR EXPECTATIONS FOR THE CHRISTIAN CARE & COUNSELING MINISTRY AND YOUR TIME WITH A VOLUNTEER COUNSELOR? \_\_\_\_\_

RATE YOUR LEVEL OF CONCERN WITH THE FOLLOWING ISSUES FROM 0 to 5 (0=No Concern, 5=Serious Concern)

Spiritual _____	Suicidal Thoughts _____	Gambling _____	Alcohol Use _____
Depression _____	Homicidal Thoughts _____	Family _____	Drug Use _____
Stress _____	Sleep Trouble _____	Marriage _____	Financial _____
Anger _____	Forgiveness _____	Self-Discipline _____	Sexual Abuse _____
Grief _____	Physical Health _____	Feelings of Inferiority _____	Physical Abuse _____
Guilt _____	Parenting _____	Pornography _____	Self-Injury Behavior _____
Dating Problems _____	Loneliness _____	Sexual Issues _____	Irritability _____
Strange Thoughts _____	Other: _____	Other _____	Other _____

**Please Note:** As church volunteer counselors, WE ARE NOT MENTAL HEALTH PROFESSIONALS, LICENSED PSYCHOLOGISTS, OR PSYCHIATRISTS. We simply impart to you practical advice based on Biblical principles.