GraceTruthHope.com
COUNSELING INTAKE FORM

Personal Information Date:_____

Name: _____ Gender: ☐Male ☐Female Age:_____

Address: _____City/State: _____Zip: _____

Primary Phone #: _____ May we leave a message here? ☐Yes ☐No

Second Phone #: _____May we leave a message here? ☐Yes ☐No

Occupation/Employer: _____Avg. Hours/Week: _____

Birth date: _____ /_____ / _____ Email Address: _____

Education: _____ School: _____

What days and times are you available to meet? _____

Who referred you or how did you hear about us?_____

With whom do you currently live? (Please check all that apply)

☐Alone ☐Parent(s) ☐Spouse ☐Children ☐Boyfriend ☐Girlfriend ☐Other: _____

Marriage & Family Information (Including those who are currently engaged or dating)

Name of Spouse/Significant Other: _____ Age: _____

Primary Phone #: _____ Email Address: _____

Occupation/Employer: Avg. Hours/Week: _____

Is spouse/significant other willing to come for counseling? ☐Yes ☐No ☐Uncertain Have you ever been separated? ☐Yes ☐No ☐Currently When/How Long? _____

Date of Marriage: _____ Age at time of Marriage: Husband _____Wife _____

How long did you know your spouse before marriage_____

Length of steady dating: Length of engagement: _____

Give **brief** information about any previous marriages:

Ex-Spouse's Name	Year Married	Length of Marriage	Reason for Divorce or Termination of Marriage	#Kids

Child's Name	Age	Gender	Living	At Home	Married	Special Condition(s)	*PM/A/MC
		□M □F	□Y □N	□Y □N	□Y □N		
		□M □F	□Y □N	□Y □N	□Y □N		
		□M □F	□Y □N	□Y □N	□Y □N		
		□M □F	□Y □N	□Y □N	□Y □N		
		□M □F	□Y □N	□Y □N	□Y □N		

**Check this column if child is by previous marriage (PM),adoption (A), or lost to miscarriage (MC)*

Spiritual/Religious Information

Church Name: _____ Number of years at church_____

May we call the pastor of your church to coordinate your spiritual care? ☐Yes ☐No

Pastor's Name: _____ Church Phone #:_____

Church Attendance: _____times per month Are you a part of a small group? ☐Yes ☐No

If "Yes", who is your small group leader? _____

Please list any ministry involvement: _____

_____

Church attended in childhood: _____

Have you been baptized? ☐Yes ☐No When? _____

If applicable, what is the religious background of your spouse? _____

Spouse's church attendance: _____times per month

Do you and your spouse openly discuss and encourage one another in your faith? ☐Yes ☐No

Do you pray to God? ☐Yes ☐No How often?

What do you pray about? _____

_____

Do you know Jesus Christ personally as your savior? ☐Yes ☐No ☐Uncertain

If you were to die and stand before God and He asked you why He should permit you to enter into His heaven, how would you respond?

_____

_

_____

Do you read the Bible? ☐Yes ☐No How often? _____

Do you have personal devotions? ☐Yes ☐No How often? _____

Describe your personal devotions: _____

Do you have family devotions? ☐Yes ☐No How often? _____

Describe your family devotions: _____

Favorite Christian Authors: _____

Please note any recent changes in your spiritual life: _____

_____

My most pressing question about the Christian life is: _____

_____

The things I like most about the Christian life is: _____

_____

Health Information

Have you had counseling before? ☐Yes ☐No Have you seen a psychiatrist before? ☐Yes ☐No ☐Currently

Age	Duration	Counselor/Center	Issue(s) Topic(s) Diagnosis	Your Evaluation of Counseling

Approximately how many hours of sleep do you get each night?

When do you normally: go to bed? _____fall asleep? _____wake up? _____get out of bed? _____

Describe any recent changes in sleep habits:

State of current health: ☐Very good ☐Good ☐Average ☐Declining Other: _____

Date of last medical examination: _____ Results:_____

Current illness, injury, or disability: _____

Are you presently taking any medication? ☐Yes ☐No Prescribing Doctor(s): _____

Medication	Dosage	Frequency	Prescribed for…	Date began taking…

Have you used drugs for other than medical purposes? ☐Yes ☐No When? _____

What? _____Amounts/Dosages: _____ Do you drink alcoholic

beverages? ☐Yes ☐No When? _____

How much? _____

Describe your eating habits or changes in appetite: _____

Describe your exercise routine: _____

Recent weight changes? ☐Yes ☐No Describe: _____

Number of non-working hours per week spent watching television:____ on computer:____ hobbies: ___

Indicate how distressed you are by placing an "x" on the scale below (1=very little | 10=extreme):

1	2	3	4	5	6	7	8	9	10

Which of the following words best describe your home of origin (check all that apply):

☐Traditional	☐Authoritarian	☐Unpredictable	☐Divorced	☐Lonely
☐Substance Abuse	☐Physical Abuse	☐Verbal Abuse	☐Perfectionist	☐Critical
☐Sexual Abuse	☐Affectionate	☐Affirming	☐Permissive	☐Safe

Rate the following struggles you are experiencing **at this time**:1 if mild, 2 if moderate, 3 if severe
Please * next the ones that are most important to you.

	Abuse, Physical		Fear		People Pleasing
	Abuse, Sexual		Financial Management		Perfectionism
	Abuse, Verbal		Forgiveness		Pornography
	Abuse in Past		Greed		Pre-Marital Sex
	Addiction		Grief		Pride
	Anger		Guilt		Priorities
	Anxiety		Homosexuality		Procrastination
	Apathy		Humility		Purpose, Lack of
	Bad Memories		Identity		Rebellion
	Bitterness		Impatience		Regrets
	Caring for Parents		Infertility		Rejection
	Chronic Pain		Insecurity		Relationships
	Communication, affection		In-Law Conflict		Respecting Authorities
	Communication, day to day		Jealousy		Respecting Parents
	Communication, emotions		Judgmental		Respecting Spouse
	Communication, planning		Leadership		Same Sex Attraction
	Communication, problem		Lifestyle Change		Self-Control
	Compulsions		Loneliness		Self-Injury
	Conflict Resolution		Lying		Selfish
	Depression		Manipulation		Shame
	Debt		Marital Intimacy		Social Anxiety
	Discontentment		Moodiness		Spiritual Growth
	Divorce Recovery		Online Sins		Submission
	Doubt Salvation		Panic Attacks		Suicidal Thinking
	Eating Disorder		Parenting		Time Management
	Empty Nest		Parenting Adult Child		Trust
	Envy		Peer Pressure		Work Unfulfilling

Please complete the following in one or two sentences:

In order to understand me…_____
My ambition in life is to…_____
What really hurts me is…_____
What I wish I could change about myself is…_____
My biggest regret is…_____
My greatest achievement is…_____
My role in my current family is…_____
When life gets too hard, I usually…_____
To be happy, I need…_____
I would do anything to/for…_____

Please answer the following questions:

1. Please describe the current problem, as you understand it.

2. What have you done about it? What was the most effective and the least effective?

3. What are your expectations in coming here?

4. What, if any, are your concerns about coming to counseling?

5. What do you believe you will have to change in order to see the progress you desire?

6. Is there any other information we should know?

Thank you for taking the time to complete these forms.
The information you have provided will enable us to better serve you.