Christian Life Ministries
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Detailed Intake

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

Date: _____

Basic Information

Name_____ M / F Birth date _____ Age _____

Address _____ City _____ ST _____ ZIP _____

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

Home Phone# _____ Work Phone# _____ 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? _____ How many jobs have you had in the last 5 years? _____

Reason(s) for leaving _____

Marital Data

☐ Never married ☐ Engaged ☐ Married (# of years _____) ☐ Separated (date: _____)

☐ Divorced (date: _____) ☐ Widowed (date: _____) ☐ # of times married _____

If applicable:
Spouse's name _____ Age _____ # of times married _____

Occupation _____

Does your spouse know you are coming to receive counseling? ☐ yes ☐ no

Children

Name	Step-child?	Age (if living)	Health Condition	At Home?	Age at Death	Cause of Death

Family History

	Age (if living)	Health Condition	Age at Death	# times Married	Alcohol/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?				
Physically abused you?				
Was a workaholic?				

How many siblings do you have? _____ Were you? ☐ oldest ☐ middle ☐ youngest

How many siblings does your spouse have? _____ Was your spouse? ☐ oldest ☐ middle ☐ youngest

How would you describe your childhood? _____

_____

Health Survey

Are you presently under a physician's care? _____ 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

Frequency _____ Type of drug(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) and reason(s)? _____

_____

Have you taken medications for emotional problems? ☐yes ☐no

If yes, please list? _____

Have you experienced any recent significant weight loss or gain? ☐yes ☐no

Please list any other medical problems. _____

_____

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

If you have previously received counseling complete the following?

Dates? _____

With whom? _____

Reason(s)? _____

Reason 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

Have you made the great discovery of knowing Jesus Christ personally? ☐yes ☐no ☐unsure

Do you have a regular time of personal Bible Study? ☐yes ☐no ☐unsure

How much have you studied the Bible? _____

_____

Personal History

Have you ever experienced child or spousal abuse? ☐yes ☐no When? _____

Have you ever experienced rape, incest or sexual molestation? ☐yes ☐no

Have you been involved in an out-of-wedlock pregnancy? ☐yes ☐no

Have you ever had an abortion? ☐yes ☐no

Have you ever attempted suicide? ☐yes ☐no

Has anyone close to you committed suicide? ☐yes ☐no If yes, when? _____

Do you have a tendency to: have a high need for achievement? ☐yes ☐no

have a high need for approval ☐yes ☐no

be a workaholic? ☐yes ☐no

Do you struggle with relationships? ☐yes ☐no Explain: _____

_____

_____

What has been your exposure to pornography? Explain: _____

_____

_____

Has screen time/phone usage caused conflict in any relationships? Explain: _____

_____

Summarize where you spend the most time on your phone (most utilized apps): _____

_____

Are finances a recurring problem? ☐yes ☐no

Do you experience any phobias? ☐yes ☐no Comments: _____

_____

Have you ever had any non-Christian religious or spiritual experiences? (cult involvement, daily horoscope, psychic experiences, etc) ☐yes ☐no

If yes, please describe? _____

_____

Have you ever been involved in criminal activity? ☐yes ☐no

List any arrests and convictions with the 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 Christian Life Ministries? _____

_____

Other comments: _____

_____

_____

_____