Sovereign Grace Counseling

Intake Form

IDENTIFICATION DATA:

Name _____ Phone _____

Address

_____

Occupation

_____

Years at Job_____ Business Phone _____

Email:_____ Sex: M F Age: _____

Marital Status: Single ___ Going Steady ___ Married ___ Separated ___ Divorced ___ Widowed ___

Education (last year completed): _____ (grade) Email address_____

Other training (list type and years):

_____

Referred here by _____ Address _____

HEALTH INFORMATION

Rate your health (check): Very Good ___ Good ___ Average ___ Declining ___ Other __

Do you have an exercise program of any kind? Please describe _____

_____

Weight changes recently? Lost ___ Gained ___

Describe (check) your diet: Very healthy___ Healthy___ Average___ Needs Improvement___

List all important present or past illnesses or injuries or handicaps:

_____

Date of last medical examination _____ Report: _____

_____

Your physician: _____ Address _____

Are you presently taking medication? Yes ____ No ____ What? _____

Have you ever been arrested? Yes ___ No ___ State circumstances _____

_____

Have you used drugs for other than medical purposes? Yes ____ No ____

What? _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric or medical report? Yes ____ No ____

RELIGIOUS BACKGROUND

Denominational preference: _____ Member: Yes ____ No ____

Church currently attending _____

Pastor's name_____ Phone _____ May I call him? Y N

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

Church attended in childhood _____ Baptized? Yes ____ No ____

Religious background of spouse (if married)_____

Do you consider yourself a religious person? Yes ____ No ____ Uncertain ____

Do you believe in God? Yes ____ No ____

Do you pray to God? Never ____ Occasionally ____ Often ____

Do you have a daily set time for prayer? Y N Do you have a daily set time for Bible study Y N

What are you currently reading in your Bible? _____

Are you saved? Yes ____ No ____ Not sure what you mean ____

Explain recent changes in your religious life, if any _____

_____

MARRIAGE AND FAMILY INFORMATION

Name of spouse _____

Address _____

Phone _____ Occupation _____ Business phone _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes ____ No ____ Uncertain ____

Have you ever been separated? Yes ____ No ____ When? From _____ to _____

Has either of you ever filed for divorce? Yes ____ No____ When? _____

Date of marriage? _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating spouse _____ Length of engagement _____

Did you receive marital counseling before you were married? Y N

Give brief information about any previous marriages:

_____

_____

Information about children: (PM is previous marriage – check if applicable)

PM	Name	Age	Sex M F	Living Y N	Education in years	Marital status

If you were reared by anyone other than your own parents, briefly explain:

_____

_____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Have there been any deaths in the family during the last year? Yes ____ No ____

Who and when:

_____

ENTERTAINMENT

What do you like to do when not working? (Hobbies etc.) _____

Name the last three books you read_____

Name the magazines/newspapers that you typically read_____

Do you have internet access? Y N How many hours per week on the internet? _____

What television shows do you watch regularly?_____

How many hours per week do you watch television?_____

Do you play video games? Y N If Y, how many hours per week?_____

FINANCES

Do you tithe? Y N

What percentage of your income goes to the church? _____%

Do you have a budget? Y N If yes, do you stay within your budget? Y N

What percentage of your take home pay goes into savings? _____%

Do you have a carryover balance on your credit cards? Y N

Are you adequately insured? Y N

Do you have a retirement plan? Y N

Are you being subsidized in any way (food stamps, alimony, welfare, Medicaid, family members) Y N

Are you a spender or a saver?

OTHER INFORMATION

Have you ever had a severe emotional upset? Yes ____ No ____ Explain

_____

_____

Have you ever had any psychotherapy or counseling before? Yes ____ No ____

If yes, list counselor or therapist and dates:

_____

_____

What was the diagnosis? _____

_____

What was the treatment? _____

_____

What was the outcome? _____

_____

Who do you typically talk with (and why) when you have a problem? _____

_____

Have you asked him (her) about this and if so, what did he (she) tell you?_____

_____

_____

Who has been your role model and why? _____

_____

Circle any of the words that best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet hard-boiled submissive self-conscious lonely sensitive other

Would you consider yourself to be a '**high energy**' or '**low energy**' person? (circle one)

Does being around people **'charge you up'** or **'drain'** you? (circle one)

Have you ever felt that people were watching you? Yes ____ No ____

Do people's faces ever seem distorted? Yes ____ No ____

Do you ever have difficulty distinguishing faces? Yes ____ No ____

Do colors ever seem too bright? _____ Too dull? _____

Are you sometimes unable to judge distance? Yes ____ No ____

Have you ever had hallucinations? Yes ____ No ____

Is your hearing exceptionally good? Yes ____ No ____

Do you have sleeping problems? Yes ____ No ____

How many hours of sleep do you average each night? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is your problem? (What brings you here?)

2. What have you done about it?

3. What do you want us to do? (What are your expectations in coming here?)

4. What brings you here at this time?

5. Is there any other information we should know?

TIMELINE

Fill this out if there are multiple events/details that are best understood in terms of a timeframe. Please note months/years as necessary to give context.

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