New Counselee Intake Form

Please answer to the best of your ability. Any question you feel uncertain about can be left blank and discussed with your counselor. **The information provided will be kept strictly confidential as provided in the accompanying Consent to Counseling Form.** 1. Name _____ 2. Phone _____ Cell _____

3. Email address: _____

4. Address _____

City_____ State_____ Zip_____

5. Birth Date: _____ 6. Sex: ☐ Male ☐ Female 7. Age: _____

8. Marital Status: ☐ Single ☐ Going steady ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widow

9. Referred to us by: _____ Relationship: _____

10. Have you dealt with severe emotional struggles in your past? ☐ Yes ☐ No

11. Have you ever had any therapy or counseling before? ☐ Yes ☐ No

12. Check off any of the following words which best describe you now:

☐ self confident	☐ anxious	☐ moody	☐ often sad	☐ impulsive
☐ excitable	☐ calm	☐ shy	☐ fearful	☐ introvert
☐ extrovert	☐ likeable	☐ lonely	☐ bitter	☐ angry

13. List fears you have:

_____

_____

Health Information

14. Do you have any chronic medical conditions? –List and Describe below:

_____

_____

15. When is the last time that you have been seen by a doctor for a physical?_____

16. Are you presently taking prescription medications? ☐ Yes ☐ No
Please list: _____ _____ _____ _____ _____

17. How much alcohol do you consume? ☐ Daily ☐ Weekly ☐ Occasionally ☐ Very little or never

18. In the past five years, have you used recreational or excessive prescription drugs? ☐ Yes ☐ No ☐

Religious Background

19. What church do you attend (if any)?_____ City: _____

20. Are you a Christian? ☐ Yes ☐ No ☐ Uncertain

21. Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? ☐ Yes ☐ No ☐ Not Sure

22. Do you read the Bible? ☐ Never ☐ Occasionally ☐ Often

23. If you died today and God asked you "Why should I let you into my heaven?" What would you say?

_____

_____

_____

Briefly answer (if possible) the following questions that help us understand your situation better

1. How do you describe the issues with which you are struggling?

_____

_____

_____

_____

2. What have you tried to do about it?

_____

_____

3. How do you hope counseling might help? (What are your expectations in coming here?)

_____

_____

4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

_____

_____

5. Is there any other information you think we should know to help you?

_____

_____

_____

Please complete and mail to: Biblical Counseling Ministry, Calvin Presbyterian Church, 260 Maus Drive, North Huntingdon, PA 15642