

Sugar Creek Biblical Counseling Ministry

Intake Information

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Sugar Creek Member? Yes No If so, how long? _____

Do you consider yourself a Christian? Yes No Not sure

If you do, please briefly describe your salvation experience:

Do you belong to a church? Yes No

If your membership is with a church other than Sugar Creek, which one do you belong to?

How often would you say you attend church in a typical month?

___ I usually don't attend

___ 1-2 times per month

___ 3-4 times per month

Who referred you to me? _____

Marital Status: Never Married Single Married Separated Divorced Widowed Living Together

If married, how long? _____ Spouse: _____

If applicable, please rate the extent of your current marital satisfaction on a scale of 1 to 10:

(Low) 1 2 3 4 5 6 7 8 9 10 (High)

If divorced, separated, or widowed, when? _____

If you've previously been married, how many times? _____

If divorced, how would you describe your relationship with your ex-spouse?

What is the current custody situation with the children? _____

Please list all of your children (and step-children) and indicate whether they live with you at home.

<u>Name:</u>	<u>Age:</u>	<u>Home?</u>	<u>Name:</u>	<u>Age:</u>	<u>Home?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How would you describe the relationship with your children? _____

What is your level of education? _____

What is your occupation? _____

What is your current employment situation? _____

Why are you seeking help at this time? _____

How long have you been dealing with this issue? _____

How is this impacting your life? _____

At home? _____

At work? _____

In other ways? _____

Have you been in counseling before? Yes No

If so, when? _____

With whom? _____

Was the counseling biblical or psychotherapy? Was psychotherapy with a Christian or secular? *Circle*

For how long? _____

Why did the counseling end? _____

Were you satisfied with the results? _____

What is your goal for **this** counseling? What do you hope it will accomplish?

Please complete this thought: **My counseling will be successful if I ...**

Please note any pertinent medical history: _____

Have you been under the care of a psychiatrist? Yes No

If you are currently on any medications, please complete below:

<u>Medication</u>	<u>Dosage</u>	<u>Purpose</u>	<u>Physician</u>
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Do you consume alcohol? Yes No

If you do, how much and how often? _____

Do you ever become intoxicated? Yes No

Have you ever used illicit drugs? Yes No

If yes, what, when and for how long? _____

If you use prescription or over the counter medication, have you ever used more than the prescribed amount? Yes No

Have you ever had a problem with drug or alcohol abuse? Yes No

If yes (include prescription drugs), please describe: _____

Have you had any previous treatment for alcohol/drug use? Yes No

If you have, please describe: _____

Do any family members have a history of drug and/or alcohol abuse? Yes No Not sure

If yes, please explain: _____

Do you have a family history of depression or any other emotional problems? Yes No Not sure

If so, please describe and indicate how the problem was addressed: _____

Have you ever experienced any kind of physical, sexual and/or emotional abuse?

If so, what type of abuse have you experienced? _____

When did/does it occur? _____

Has the abuse ever been disclosed and/or reported? Yes No

If it has been, how? _____

What type of legal action, if any, was taken regarding the abuse?

How does this abuse affect you presently?

Have you ever thought about suicide? Yes No

If you have, when? _____

Why? _____

Did you take steps to harm yourself? Yes No

If so, what did you do? _____

Did you receive any treatment? Yes No

Have you ever been hospitalized for any emotional reasons? Yes No

If you have received psychiatric treatment, please describe:

