GRACE LIFE
Counseling Ministries

Intake Form

Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip Code: _____

Marital Status: Single: _____ Engaged: _____ Married: _____

Separated: _____ Divorced: _____ Widowed: _____

Education (last year completed): _____

Home/Cell Phone: _____ Email: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

_____

Have either of you been previously married: Yes / No

If previously married, which spouse and number of years passed: _____

Information about Children:

Name: _____ Age: _____ Gender: Male / Female (please circle)

Name: _____ Age: _____ Gender: Male / Female (please circle)

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Name: _____ Age: _____ Gender: Male / Female (please circle)

Name: _____ Age: _____ Gender: Male / Female (please circle)

Health

In a few words, describe your physical health:

_____

_____

Do you have any chronic conditions: Yes / No

What: _____

Date of last medical exam: _____

Current medication(s) and dosage: _____

_____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: Yes / No

Do you drink alcoholic beverages: Yes / No

If so, how much (please circle one): Daily Weekly Monthly Rarely

Do you drink coffee: Yes / No How much: _____

Other caffeine drinks: Yes / No How much: _____

Do you smoke: Yes / No What: _____ Frequency: _____

Have you ever had interpersonal problems on the job: Yes / No If yes, please explain: _____

_____

Have you ever had a severe emotional upset that impacted daily functioning: Yes / No

If yes, please explain: _____

_____

Have you ever seen a psychiatrist or counselor: Yes / No

If yes, date range of counseling and choose one word to describe the outcome:

_____

Spiritual

Do you consider yourself a born-again Christian? Yes / No

When/what age did you become a Christian? _____

Are you member of Grace Life Baptist Church: Yes / No

If not a Grace Life member, what church do you attend? _____

Are you a member at the church mentioned above? Yes / No

Church attendance per month (please circle one): 0 1 2 3 4 5 6 7 8+

Which of the following spiritual resources/disciplines do you use? (please circle all that apply)

Prayer	Biblical Community/Friendship	Bible Study
Attending Church	Fasting	Tithing/Giving/Charity
Reading the Bible	Scripture Memory	Silence

Other: _____

Have you ever been baptized: Yes / No When: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life: _____

Problem Check List

(Please check all that apply)

_____Anger	_____Decision Making	_____Homicidal Thoughts	_____Past Abuse
_____Anxiety	_____Depression	_____Homosexuality	_____Self Harm
_____Apathy	_____Alcohol/Substance Abuse	_____Lifestyle Changes	_____Suicidal Ideation
_____Appetite/Food	_____Envy	_____Loneliness	_____Other:
_____Bitterness	_____Fear	_____Lust/Pornography	_____
_____Children	_____Finances	_____Marriage Concerns	_____
_____Conflicts/Fights	_____Grief	_____Moodiness	_____
_____Communication	_____Guilt	_____Sex	_____
_____Deception	_____Health	_____Sleep	_____

Briefly Answer the Following Questions

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

2. How long has the problem existed and what have you done about the problem?

3. What are your expectations from counseling?

4. Is there any other information that the counselor should know? Please explain below.

Signed: _____

Print Name: _____

Date: _____

*Please sign and return this form to Mindy Dickey, PhD at mindyd@yourgracelife.com or to the Counsel Room at Grace Life Baptist Church.