

PERSONAL INFORMATION AND HISTORY (INTAKE)

NAME: _____ PHONE: _____

ADDRESS: _____

GENDER: _____ BIRTH DATE: _____ AGE: _____ EMAIL: _____

MARITAL STATUS: Single Engaged Married Separated Divorced Widowed

EDUCATION: Last Grade Completed _____

NAME OF SPOUSE: _____ YEARS MARRIED: _____ OCCUPATION: _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. Please describe the current problem for which you are seeking counseling.
2. What have you attempted to do to alleviate the problem (if anything)?
3. What do you hope to achieve through the counseling process. Briefly list two to three goals.
4. Have you sought other outside help? If so, from whom?

Are you a believer in Jesus Christ? Yes No (Circle One)

6. Please explain the Gospel as you understand it in the space provided below: (use back of **page if necessary**)