Rooted Biblical Counseling

Intake Form

Date

How did you find out about us?

Name

Client Information

Home Phone

Cell Phone

Email Address

Address

City

State

ZIP Code

If you work outside your home, what is your occupation?

DOB

Male or Female

Counseling History

Rooted Biblical Counseling

Reason for Seeking Counseling

How have you been handling these issues before today?

What outcome are you hoping for from counseling?

Rooted Biblical Counseling

When is the last time you had a full physical?

List any medication you are currently taking?

If you consume alcohol, how often and how much do you drink?

If you consume smoke cigarettes or cannabis how often and how much do you consume?

In the last 5 years have you used illegal or excessive prescription drugs?

Tell us briefly about your history with Church from childhood to current day.

Rooted Biblical Counseling

Can you contact your pastor for background information? Yes No

Do you believe in God? Yes No Uncertain

Do you consider yourself a Christian Yes No Uncertain

How often do you read your Bible and Pray? _____

If you are married, does your spouse claim to be a Christian? Yes No Uncertain

List the names, ages and gender of your children (living or not living) if any.

Have you ever been arrested? Yes No (explain if necessary)

How is your health?

How often do you read your exercise? _____

How well do you sleep at night? _____

What is your approximate height and weight? _____

Do you have any hobbies?

Tell us about your closest relationships?