

Preferred Appointment Method

(Select ALL that may apply and indicate phone # or user name in blank)



Phone Call _____

FaceTime _____

Skype _____

GoogleDuo _____

In Person (Indianapolis, IN Only)

INTAKE QUESTIONNAIRE

Date: _____ Full Name: _____

Email: _____ Phone #: _____

Address: _____ City, St, Zip: _____

Male Female Age: _____ Do you attend a church regularly: No Yes

Please select any of the following that **currently** apply to you:

Anxiety/Worry	Sleep Disturbances	Being Abused	Recent Loss
Anger/Rage	Criminal Record	Abusive to Others	Feeling Stuck
Headaches	Addictive Behavior	Sexual Promiscuity	Hearing Voices
Depression	Drug/Alcohol Misuse	Suicidal Thoughts/Acts	Involved in Occult

Please share why you have scheduled this appointment, in what area you would like more freedom, and what you would like God to do for you in this session. _____

Please share how long you have been struggling with the above issues and what you have tried so far to find relief.

THANK YOU!