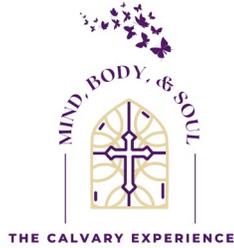




Intake Assessment Form

1. What brings you here to The Calvary Experience?
2. What challenges are you experiencing today?
3. How does this challenging experience typically make you feel?
4. What strategies have you already used to try and resolve these challenges that you are facing?
5. If you could wave a magic wand, what positive changes would you make happen in your life?
6. How would you describe your mood?
7. Do you have any allergies?
8. What do you expect from the non-traditional / spiritual counseling process?
9. What would it take to make you feel more content, happier, and more satisfied?
10. Do you consider yourself to have a low, average, or high interpersonal IQ?
11. Are there any concerns for your safety?
12. Describe what a typical day for you is like.
13. What do you typically do in your free time? What do you do to relax?



Intake Assessment Form

14. What do you consider to be some of your strengths?
15. What do you consider to be some of your weaknesses?
16. Have you ever had non-traditional counseling before?
17. What would you like to get out of non-traditional / spiritual counseling?
18. How will you know that you are ready to transition out of non-traditional counseling?
19. Do you have primary care physician? Yes _____ No _____
- a. Physician Name: _____
- b. Physician Phone Number: _____

Name (Electronic Signature)

Date

Name (Print)