

Intake Questionnaire Part 2

* Indicates a required field

*** Please check each item which is of personal concern to you:**

- Loneliness
- Memory difficulties
- Depression
- Energy
- Inferiority
- Work
- Concentration difficulties
- Anger
- Children
- Nervousness/worry
- Legal Matters
- Nightmares
- Alcohol Use
- Drug use
- Avoiding people
- Gambling
- Impulsivity
- Excessive fear/phobias
- Panic attacks
- Mood swings
- Unhappiness
- Shyness
- Career
- Education
- Self-discipline
- Stress
- Finances
- Dreams
- Recurring thoughts
- Marriage
- Arguments/conflict
- Media addiction
- Eating behaviors
- Hallucinations
- Irritability
- Health problems
- Sleeping too much, too little
- Suicidal thoughts
- Tiredness
- Making decisions
- Ambition too much, too little
- Relaxation too much, too little
- Parenting
- Sexual behaviors
- Friends
- Memories
- Sexual problems
- Anxiety
- Disoriented
- Elevated mood
- Hopelessness
- Judgement errors
- Other

What is your marital status? Check all that apply.

- Single
- Married
- Separated
- Widow
- Divorced
- Engaged
- Remarried

Please provide the following marriage information: address, phone number, occupation, age, education, and religion.

Does your spouse know you are coming to counseling?

- Yes
- No

Is your spouse willing to come to counseling sessions?

- Yes
- No

Have you ever been separated? Provide the start-date, end-date and the situation briefly.

Give brief information about your previous marriages, if applicable.

Provide the following information about your children, if applicable. Name? Previous Marriage? Age? Living?

Please mark any concerns related to your children.

- Abuse physical
- Allergies
- Anger
- Bedwetting
- Attentiveness
- Hyperactivity
- Bad dreams
- Complaining
- Depression
- Disobedience
- Substance use
- Spirituality
- Alcohol use
- Fighting
- Friendships
- Health
- Immaturity
- Jealousy
- Lying
- Moodiness
- Running away
- School
- Sexual abuse
- Sexual concerns
- Shyness
- Sleep
- Stealing
- Spouse (unshared parenting style for example)
- Swearing
- Temper-tantrums
- Visitation arrangement
- Other:

If you were raised by anyone other than your parents, please explain the circumstances and your experiences.

How many siblings do you have? List the quality of relationship and type of relationship (older brother, younger sister, etc.)

Check off any of the following words which best describe you now:

- Self-confident
- Excitable
- Extrovert
- Anxious
- Calm
- Likeable
- Moody
- Shy
- Lonely
- Often sad
- Fearful
- Bitter
- Impulsive
- Introvert
- Angry
- Other

List fears you have:

If you have been arrested, please provide the reason, outcome, and date(s):

Do you have any chronic medical conditions? Please list and describe them below.

When is the last time you have received a physical?

What church did you attend in your childhood, if any. Provide the name, duration of attendance, and location, if possible.

What church do you attend now, if any. Provide the name, start/end date, and location.

What church activities do you attend monthly, if any? How many times per month?

Do you believe in God? (yes, no, uncertain)

Do you pray to God? If so, how often? (daily, almost daily, sometimes, fairly infrequently, never)

Are you a Christian (yes, no, uncertain)?

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? (yes, no, uncertain)

If you died today and God asked you "Why should I let you into my heaven?" How would you respond?

How often do you read the Bible? (daily, almost daily, sometimes, fairly infrequently, never)

Does your family regularly read the Bible and pray together? (daily, almost daily, sometimes, fairly infrequently, never)

Briefly describe the religious background of your spouse/significant other, if applicable.

Explain any recent changes in your religious/spiritual life, if any:

What you tried to do to resolve the problems you are experiencing currently? What were the results?

*** Who else is aware of your problem (s):**

What concerns do you have beginning counseling, if any?

What are your expectations for counseling? The counselor?

What else would you like me to know?