TRANSFORM COUNSELING

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.

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2. What have you attempted to do to alleviate the problem (if anything)?

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3. What do you hope to achieve through the counseling process. Briefly list two to three goals.

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4. Have you sought other outside help? If so, from whom? ___________________________________

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5. 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)

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ASSESSMENT

1. Please check all the following that apply to you at this time:

_____I feel depressed
_____I am having marital problems
_____I have children
_____I abuse alcohol
_____I use prescription drugs
_____I view pornography
_____I feel hopeless
_____I feel angry
_____I am a poor communicator
_____I struggle with bitterness
_____I do not attend church regularly
_____Jesus is important in my life
_____I strongly fear rejection
_____I have been physically abused
_____I have been sexually abusive
_____I am a loving husband

_____I feel anxious
_____I struggle with my in-laws
_____I struggle as a parent
_____I use illegal drugs
_____I abuse prescription drugs
_____I struggle sexually
_____I feel fearful
_____I struggle with anger
_____I feel sad
_____I feel worthless
_____I do not read my Bible often
_____I don't think about Jesus much
_____I have been sexually abused
_____I have been verbally abused
_____I have been physically abusive
____I am a respectful wife

CHURCH AFFILIATION

1. Are you a member of a local church? Yes No (Circle One)
2. If so, how long have you attended this church? ______
3. Are you actively involved in your church? Yes No (Circle One)
4. Do you have a person/people to whom you are accountable at your church? Yes No (Circle One)
5. Do you believe being an active part of a community of believes is important to reaching your goals in counseling? Why? Why Not? (use the back of this page if necessary)

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REFERRAL

Please provide the information below regarding who referred you to **TRANSFORM COUNSELING**. May we send them a card extending our appreciation for their trust in our services? Yes No (Circle One)

Name: ________________________________ email: ________________________

Address: ____________________________ Phone: ______________________

Church/Ministry Affiliation: ____

SIGNATURE

Counselee Name (Print): ____

Signature: ____

Date: ________________