

Brazosport Counseling Services Intake Form

We are honored by your decision to seek assistance from our Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling we provide, both pastoral and professional, is guided by principles which are scripturally based and psychologically sound. Your response to this form will serve as a brief and helpful introduction. All submitted information is confidential. If an item does not relate to you, write "NA" meaning Not Applicable.

Date _____ Counselor _____

Client Information:

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other Contact Numbers (cell, pager, etc.): _____ SS#: _____ - _____ - _____

Best E-mail address to reach you: _____

Who is responsible for payment? _____

Have you been to the Brazosport Counseling Services Center before? Yes ___ No ___

If yes, please list dates and counselor(s): _____

How did you hear about Brazosport Counseling? _____

Please describe the reason for your visit today: _____

Social Information:

Marital Status: Never married ___ Married ___ Separated ___ Divorced ___ Other- _____

How long have you been in your current marriage? _____

Previous Marriages: Self: _____ time(s) Date(s): _____

Spouse: _____ time(s) Date(s): _____

Spouse's Name: _____ Date of Birth: _____

Children:

(Self): Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

(Spouse): Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

I presently live with: _____ . How would you describe your current living situation? _____

Highest Education Completed: Self _____ Spouse: _____

Employer (Self): _____ Position: _____ Length: _____

Employer (Spouse): _____ Position: _____ Length: _____

How would you describe your current work situation? _____

How would you describe your spouse's current work situation? _____

Medical Information:

Do you have any medical problems? Yes ___ No ___ Describe: _____

Treating Physician: _____ Specialty: _____ Date of Last Physical: _____

List any current medication, dosage, and reason (including vitamins/herbs/over the counter medication):

Have you ever been prescribed medication for a psychiatric diagnosis? Yes ___ No ___

If yes, list medication (even if you are no longer taking it) _____

Have you received counseling previously? _____ When, where and reason: _____

Are you currently under the care of a mental health professional (i.e. Psychiatrist, Psychologist, or Counselor)? Yes ___ No ___

Do you or your family have any history of depression or other similar problems (i.e. anxiety, manic depression, schizophrenia)? Yes ___ No ___ If yes, describe _____

Do you or your family have any history of drug/alcohol abuse? Yes ___ No ___

If yes, describe _____

Is there any history of sexual abuse or physical abuse toward you? Yes ___ No ___

If yes, describe _____

Church Information :

Are you a member of a church? Yes ___ No ___ If yes, where? _____

Spouse attend church? Yes ___ No ___ If yes, where? _____

Church/Sunday School Attendance/Involvement:

Self: Frequent ___ Seldom ___ None ___ Spouse: Frequent ___ Seldom ___ None ___

How would you describe your current relationship with God? _____

How would you describe your spouse's current relationship with God? _____

Please complete the following sentences:

Today I feel

My marriage

Fun for me

Growing up with my family

If I could change one thing

Six months from now

God is

What I hope to gain from counseling