

*Anchored in Christ Ministry LLC*

Client Intake Form

Updated June 2022

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employment Status: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Date of your last medical physical: \_\_\_\_\_. Date of your last psychiatric appointment: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Name of medication	Dosage	Frequency

Denomination preference: \_\_\_\_\_. Church affiliation: \_\_\_\_\_

How frequently do you attend church: \_\_\_\_\_ How often do you read your bible: \_\_\_\_\_

Do you have family devotions: \_\_\_\_\_?

How would you describe your relationship with God:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you attend church as a child: \_\_\_\_\_? Do you believe in Jesus Christ as your Lord and Savior? \_\_\_\_\_

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What words best describe your personality? Please circle all that applies:

Judgmental    Active    Ambitious    Self-confident    Persistent    Nervous    Hard-working    Impatient  
Impulsive    Moody    Often –blue    Excitable    Imaginative    Calm    Serious    Shy    Good natured    Introvert  
Extrovert    Likeable    Approachable    Leader    Team player    Quiet    Tempered    Submissive    Self-conscious    Lonely  
Sensitive    Lazy    Content    Insecure    Empathetic    Compassionate    Stubborn    Indecisive    Sympathetic

Other:

\_\_\_\_\_

Have you ever felt people are watching you?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do people's faces ever seem distorted?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do you have difficulty distinguishing faces?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do colors seem too bright?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do have difficulty judging distances?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Have you ever experienced auditory  
or visual hallucinations?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do you have difficulty with your hearing?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do you have any problems sleeping?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

Do you have migraines?      Yes: \_\_\_\_      No: \_\_\_\_      Sometimes: \_\_\_\_

How many hours of sleep do you average per night? \_\_\_\_\_

Have you ever been hospitalized for psychiatric services? Yes: \_\_\_\_      No: \_\_\_\_      please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes: \_\_\_\_ No: \_\_\_\_      Do you have a felony or misdemeanor charge? Please explain

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation? Yes: \_\_\_\_      No: \_\_\_\_      Please explain \_\_\_\_\_

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What is your relationship status? Circle one: Single Married Separated Divorce Dating Widow/ Widower

Spouse or partners name: \_\_\_\_\_ and phone#: \_\_\_\_\_

Is your spouse or partner willing to come to counseling? \_\_\_\_\_ How many years married? \_\_\_\_\_

How long have you been separate? \_\_\_\_\_ How long dating or dated? \_\_\_\_\_

How long engaged? \_\_\_\_\_ How long have you been a widow/widower? \_\_\_\_\_

How satisfied are you in your relationship? **Complete the separate satisfaction survey.**

\_\_\_\_\_

Information about your children:

Name	Age	Gender	Grade	Do they live with you	Is this child from a previous relationship

Who were you raised by? \_\_\_\_\_

How many siblings do you have? Brothers: \_\_\_\_ Sisters: \_\_\_\_ Only Child: \_\_\_\_

What is your relationship like with your parents and siblings?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What brings you to Biblical counseling? When did the problem begin? How have you tried to fix the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is this issue impacting your life and or relationship?

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Is there any past or present history of physical abuse, verbal abuse, sexual abuse, and drug or alcohol addiction?

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Is there any history of acute or chronic trauma?

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Please provide any additional information that may be beneficial to your biblical counseling process.

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### Terms and Conditions for Biblical Counseling Services

1. The foundation of Biblical Counseling is God's Holy word.
2. The services provided are faith-based. The number of sessions required varies by person and situation. 12 sessions are the average, but together with your biblical counselor the appropriate frequency and duration of your sessions can be determined.
3. All sessions are at a minimum of 1 hour, but no longer than 2 hour
4. The counseling experience is based on the joint efforts of you the counselee, the Holy Spirit, and the counselor.
5. Your biblical counseling sessions are private and confidential.
6. You will receive homework assignments to address the problems identified during each session.
7. Your honest participation is necessary to effectively bring forth hope, change, and resolution to your problems.
8. You must do your best to attend your sessions.
9. Cancellation requires 72-hours of advance notice. There is a fee for late cancellation.
10. Your signature below is your acknowledgment and agreement to the terms and conditions in the "Commitment" section of this form and that you have answered all questions honestly.

I \_\_\_\_\_ have read and I understand the terms and conditions of Biblical Counseling services. My signature is my willful acknowledgement to adhere to the rules as they apply to the number of sessions, fees associated for the sessions, and fees related to cancellation policy. I was made aware of the financial and time commitment, and the cancellation policy prior to signing this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_