

INTAKE
Christian Marriage Center
Christian Heart Counseling
Minnetonka/Stillwater/St Paul/Fridley

Client Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Date: _____ Age _____
 Phone: (home) _____ (work) _____
 (cell): _____ (other) _____
 OK to leave message: (check) home ____, work ____, cell ____.
 E-Mail: _____@_____ Send monthly marriage E-newsletter ____(yes/no)

REFERRAL INFORMATION

Internet Search: , if so, where: [Google , Yahoo , DexOnline , other search engine _____] Respond , MarriageMD , Focus of the Family , DEX [large Mpls , small local , Large St Paul] Yellow Book Psychology Today , Former Client Other _____

1. What brings you in today:

2. Previous or current counseling :

Name of Counselor	Year	Approximate Number of sessions

3. What goals would you like to achieve in therapy?

1. _____
2. _____
3. _____

4. Current employment and do you like it:

5. Education Background:

6. Marriages/ Relationships and how is it going currently:

7. Names/Age of Children and any information about them that would be helpful:

8. Siblings and what is your relationship like with each:

9. Parents names/ Marital Status/If divorced, how old were you when it happened?:

10. Current Living situation:

11. Financial Concerns:

12. Interests/Hobbies:

13. Significant Life Events

Examples: Serious illness or accident in family, death in family, marriages, divorces, significant financial changes

14. Physical, Emotional, or Sexual Trauma:

15. What medications have you used in the past 6 months? (Please indicate in the appropriate columns frequency, such as daily, several times per week, etc.) and the dosage of each?

Medication	Frequency	Dosage

- 16. Have you ever felt you should cut down on your drinking? Yes No
- 17. Have people annoyed you by criticizing your drinking? Yes No
- 18. Have you ever felt bad or guilty about your drinking? Yes No
- 19. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? Yes
No
- 20. Have you had any issues with other substance besides alcohol?

21. What role does religion/spirituality play in your life?

22. Any Current or past Thoughts of Suicide?

23. General medical condition: good, fair, poor (circle one and explain on line below)

24. Family History of Mental Health Issues: _____
