



Confidential Intake Questionnaire (Long Form)

Christian Life Ministries (CLM)

Located at 1948 N. Plaza Dr.

Mailing address: PO Box 9272, Rapid City, SD 57702

(605) 341-5305

Please fill out this questionnaire as completely as possible. Your information will be kept confidential.

Date: _____

Basic Information

Name _____ M / F Birth date _____ Age _____

Address _____ City _____ ST _____ ZIP _____

How long have you lived at this location? _____ Number of times moved in last 5 years _____

Home Phone# _____ Work Phone# _____ Cell # _____

E-Mail Address: _____

Educational and Vocational

Highest grade completed _____ College (If attended) _____

Degree(s) _____ Vocational training _____

Military Service: Branch _____ Years served _____

Employer _____ Job Title _____

How long have you been at this job? _____ How many jobs have you had in the last 5 years? _____

Reason(s) for leaving _____

Marital Data

Never married Engaged Married (# of years _____) Separated (date: _____)

Divorced (date: _____) Widowed (date: _____) # of times married _____

If applicable:

Spouse's name _____ Age _____ # of times married _____

Address (if different) _____ City _____ ST _____ ZIP _____

Occupation _____

Does your spouse know you are coming to receive counseling/ministry? yes no

Children

Please list all children

Name	Step-child?	Age (if living)	Health Condition	At Home?	Age at Death	Cause of Death

Family History

	Age (if living)	Health Condition	Age at Death	# times Married	Alcohol/Drug abuse?
Father					
Mother					
Step-Father					
Step-Mother					
Spouse's Father					
Spouse's Mother					
Spouse's Step-Father					
Spouse's Step-Mother					

Please evaluate the relationship between you and your parents while growing up. Check all that apply.

	Father	Mother	Step-Father	Step-Mother
Had the greatest effect on you?				
Usually did the disciplining?				
Was away a great deal?				
You identified with the most?				
You were close to?				
Major conflicts with?				
More dominant personality?				
Abused drugs and/or alcohol?				
Physically abused you?				
Was a workaholic?				

Total size of family?	Yours	Spouse's
Total of sisters?		
Number of brothers?		

Were you? oldest middle youngest

Was your spouse? oldest middle youngest

How would you describe you childhood? _____

Health Survey

Are you presently under a physician's care? _____ Date of last visit? _____

Physician's name? _____ Personal physician if different? _____

For what condition(s) are you being treated? _____

Date of your last complete physical examination? _____

What, if any, medications are you currently taking (give dosage and reason for medication) _____

Have you ever taken any street drugs? yes no Are you currently? yes no

Frequency _____ Type of drug(s) _____

Have you had a history of excessive use of alcohol? yes no Do you presently? yes no

Have you ever been hospitalized for emotional problems? yes no

If yes, give date(s) and reason(s)? _____

Have you taken medications for emotion problems? yes no

If yes, please list? _____

Have you experienced any recent significant weight loss or gain? yes no

Please list any other medical problems. _____

Have you previously received counseling? yes no If yes, was it helpful? yes no

If you have previously received counseling complete the following?

Dates? _____

With whom? _____

Reason(s)? _____

Reason for stopping? _____

Religious Background

Did you attend church as a young person? yes no Denomination? _____

How often did you attend? _____ Did you enjoy church activities? yes no

Do you attend church now? yes no If yes, which church? _____

How often do you attend? _____ Do you enjoy church activities? yes no

Have you made the great discovery of knowing Jesus Christ personally? yes no unsure

Are you satisfied with your personal faith? yes no unsure

Comments: _____

Are you interested in a more fulfilling personal faith? yes no unsure

Comments: _____

Do you have a regular time of personal Bible Study? yes no unsure

How much have you studied the Bible? _____

Personal History

Have you ever experienced child or spousal abuse? yes no When? _____

Have you ever experienced rape, incest or sexual molestation? yes no

Have you been involved in an out of wedlock pregnancy? yes no

Have you ever had an abortion? yes no

Have you ever attempted suicide? yes no

Has anyone close to you committed suicide? yes no If yes, when? _____

Do you have a tendency to: Have a high need for achievement / approval? yes no

Be a workaholic? yes no

Do you struggle with relationships? yes no Explain: _____

Are finances a recurring problem? yes no

Do you experience any phobias? yes no Comments: _____

Do you read/follow a daily horoscope? yes no

Have you ever had any non-Christian religious or spiritual experiences? (cult involvement, psychic experiences, drug use, etc) yes no

If yes, please describe? _____

Have you ever been involved in criminal activity? yes no

List any arrests and convictions with the dates: _____

What has been your greatest disappointment? _____

Describe: _____

Explain briefly what you believe your problem is: _____

What do you want the Biblical counseling process to accomplish? _____

Why did you choose Christian Life Ministries _____

What do you want us to do for you? _____

Other comments: _____