



CLIENT INTAKE FORM

Today's date _____

A. Name _____ Age _____ Birth date _____

Email address _____

Address _____

Phone _____ Best time to call _____

Marital Status: ☐ single ☐ engaged ☐ married (how long _____) times married _____

☐ separated (how long _____) ☐ divorced (how long _____)

Education _____ Occupation _____

Spouse's Name _____ Age _____ Occupation _____

Parents' names and ages if living _____

B. List name, age, and sex of siblings

List name, age, and sex of children

C. Who is coming for counseling? _____ Any prior counseling? ☐ Yes ☐ No

If yes, when? _____ Where? _____ With whom? _____

Why? _____

Are you, or another family member, currently seeing a psychiatrist or another counselor?

☐ Yes ☐ No

If so, which family member? _____

For what purpose? _____

Person to contact in emergency (name, relationship, phone, address)

Please fill out the following information
as it applies to the client

D. State the nature of the problem in your own words:

What is your most difficult relationship right now ? _____

What is your most difficult emotion right now? _____

E. Spiritual Information

Which describes your spiritual experience?

☐ Profession of faith: Age _____ ☐ Confirmation: Age _____

☐ Unsure of salvation

What church do you attend? _____

☐ Do not attend church at this time

F. CRISIS INFORMATION: Any current suicidal thoughts, feelings, or actions?

Yes ☐ No ☐ If yes, explain: _____

Any current homicidal or assaultive thoughts or feelings or anger-control problems:

Yes ☐ No ☐ If yes, explain: _____

Any past problems, hospitalizations, or jailing for suicidal or assaultive behavior?

Yes ☐ No ☐ If yes, describe: _____

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)?

☐ Yes ☐ No ☐ If yes, describe: _____

G. MEDICAL INFORMATION: Doctor's name, address, and phone

Are you presently taking any medication: ☐ Yes ☐ No If so, what? _____

_____ For what purpose? _____

Any problems with ☐ eating ☐ sleeping ☐ chronic pain ☐ recent weight changes

Describe any answers checked above:

Any other medical problems? _____

Have you or a family member ever been hospitalized for mental or emotional illness?

☐ Yes ☐ No If yes, please explain - dates, place, reason: _____

H. Common problems/symptom checklist

Fill in: 0 = none; 1 = mild, 2 = moderate, 3 = severe.

<input type="checkbox"/> marriage	<input type="checkbox"/> premarital	<input type="checkbox"/> alcohol/drugs
<input type="checkbox"/> God/faith	<input type="checkbox"/> divorce/separation	<input type="checkbox"/> child custody
<input type="checkbox"/> other addictions	<input type="checkbox"/> church ministry	<input type="checkbox"/> singleness
<input type="checkbox"/> disabled	<input type="checkbox"/> grief/loss	<input type="checkbox"/> past hurts
<input type="checkbox"/> sexual issues	<input type="checkbox"/> work/career	<input type="checkbox"/> depression
<input type="checkbox"/> codependency	<input type="checkbox"/> family	<input type="checkbox"/> school/learning
<input type="checkbox"/> fear/anxiety	<input type="checkbox"/> intimacy	<input type="checkbox"/> children
<input type="checkbox"/> money/budgeting	<input type="checkbox"/> anger control	<input type="checkbox"/> communication
<input type="checkbox"/> parents	<input type="checkbox"/> aging/dependency	<input type="checkbox"/> loneliness
<input type="checkbox"/> self-esteem	<input type="checkbox"/> in-laws	<input type="checkbox"/> weight control
<input type="checkbox"/> mood swings	<input type="checkbox"/> stress management	

Other (specify): _____

I. Grace Fellowship International uses a biblical, Christ-centered, heart-oriented model of counseling. Are you open to using this approach? _____

J. The sessions are typically followed by some recommended reading/viewing to assist in learning more about the counseling issues and answers. Are you willing to do some "home-work"? _____

K. Grace Fellowship International is a faith-based nonprofit ministry and does not charge counseling fees or bill insurance companies. The suggested (voluntary) donation per session is \$50.00, which is shared between GFI and your Guide. It could be given by phone or at gracefellowshipinternational.com/Donate. Do you understand this policy? _____

L. How did you learn about Grace Fellowship International?

THANK YOU for taking the time to fill out this information sheet. Your counselor will review this with you in the first session and use it to best assist you in your counseling work. We will maintain your strict confidence regarding this information, subject to the exceptions noted in the informed consent document.

Please save this form and attach to an email. You can also print and fax or mail to GFI.

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