Love-light Christian Counseling, NFP

Patient (Young Adult) Intake Questionnaire

Patient's Name: _____ Age: _____ D.O.B.: _____ S.S.#.: _____
☐ Male ☐ Female
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (_____) _____ E-mail: _____ @ _____
Work/Cell #: (_____) _____ Religious Faith: _____ Race: _____
School or Work: _____ Grade/Position: _____

Father's Name: _____ Age: _____ ☐ Biological Parent ☐ Step-parent ☐ Adopted
Lives with Patient? ☐ No ☐ Full-time ☐ Part-time Placement / Visitation ☐ Deceased
Relationship to Mother: ☐ Married ☐ Lived Together ☐ Dated / Engaged ☐ Friends / Acquaintances
☐ Divorced ☐ Separated ☐ Never Really Together ☐ Deceased
Parents Relationship: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Married?_____ Years Together?_____ When Separated?_____ When Divorced?_____ When Remarried?_____
Dad's Current Relationship: ☐ Married to Bio-mother ☐ Living-with Bio-mother ☐ Separated ☐ Divorced ☐ Single
☐ Dating / Engaged ☐ Living-with Someone Else ☐ Remarried ☐ Other_____
Current Relationship: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Married?_____ Years Together?_____ When Separated?_____ When Divorced?_____ When Remarried?_____
Stepfather's Name: _____ Age: _____ Custody of Patient? ☐ Yes ☐ No ☐ Deceased
Relationship to Patient's Mother: ☐ Live-in ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Stepfather Is?: ☐ With Patient's Mother ☐ Single ☐ Remarried ☐ Living with Someone ☐ Other: _____
Relationship Quality: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Together?_____ Years Married?_____ Patient's Age when Married?_____ Patient's Age when Separated?_____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (_____) _____ E-mail: _____ @ _____
Work Phone #: (_____) _____ Cell Phone #: (_____) _____
Employer: _____ Position: _____ Income Level: _____
Race: _____ Religious Affiliation: _____ Highest Education Level: _____

Mother's Name: _____ Age: _____ ☐ Biological Parent ☐ Step-parent ☐ Adopted
Lives with Patient? ☐ No ☐ Full-time ☐ Part-time Placement / Visitation ☐ Deceased
Relationship to Father: ☐ Married ☐ Lived Together ☐ Dated / Engaged ☐ Friends / Acquaintances
☐ Divorced ☐ Separated ☐ Never Really Together ☐ Deceased
Parents Relationship: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Married?_____ Years Together?_____ When Separated?_____ When Divorced?_____ When Remarried?_____
Current Relationship: ☐ Married to Bio-father ☐ Living-with Bio-father ☐ Separated ☐ Divorced ☐ Single
☐ Dating / Engaged ☐ Living-with Someone Else ☐ Remarried ☐ Other_____
Relationship Quality: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Married?_____ Years Together?_____ When Separated?_____ When Divorced?_____ When Remarried?_____
Stepmother's Name: _____ Age: _____ Custody of Patient? ☐ Yes ☐ No ☐ Deceased
Relationship to Patient's Father: ☐ Live-in ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Stepmother Is?: ☐ With Patient's Father ☐ Single ☐ Remarried ☐ Living with Someone ☐ Other: _____
Relationship Quality: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Together?_____ Years Married?_____ Patient's Age when Married?_____ Patient's Age when Separated?_____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (_____) _____ E-mail: _____ @ _____
Work Phone #: (_____) _____ Cell Phone #: (_____) _____
Employer: _____ Position: _____ Income Level: _____
Race: _____ Religious Affiliation: _____ Highest Education Level: _____

Patient's Birth Order:_______ of _______ # of Brothers:___________ # of Sisters:_________ Total # of People in Home:__________

Siblings:

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

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Others Living in Home:

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Interaction of Patient's Family:	Never	Seldom	Sometimes	Usually	Always
Are open and honest with each other	☐	☐	☐	☐	☐
Are too busy	☐	☐	☐	☐	☐
Argue/Yell/Fighting/Name Calling	☐	☐	☐	☐	☐
Do things together as a family	☐	☐	☐	☐	☐
Eat meals together as a family	☐	☐	☐	☐	☐
Enjoy spending time together	☐	☐	☐	☐	☐
Everyone does their own thing	☐	☐	☐	☐	☐
Go out-to-eat together as a family	☐	☐	☐	☐	☐
Go places together as a family	☐	☐	☐	☐	☐
Help and support each other	☐	☐	☐	☐	☐
Openly show affection to each other	☐	☐	☐	☐	☐
Play games together as a family	☐	☐	☐	☐	☐
Share feelings with each other	☐	☐	☐	☐	☐
Share household chores	☐	☐	☐	☐	☐
Spend time together	☐	☐	☐	☐	☐
Watch TV together as a family	☐	☐	☐	☐	☐

Family Characteristics: (Check all that apply)

☐ Abusive	☐ Easy-going	☐ Rigid	☐ Validating
☐ Aloof	☐ Enmeshed	☐ Social-butterflies	☐ Warm
☐ Always at home	☐ Fast-paced	☐ Spontaneous	☐ Wary
☐ Always on the go	☐ Fighting/Arguing	☐ Stable	☐ Recent Birth
☐ Busy all the time	☐ Flexible	☐ Strict	☐ Recent Death or Trauma
☐ Chaotic	☐ Inconsistent	☐ Structured	☐ Recent Divorce/Separation
☐ Close	☐ Involved	☐ Supportive	☐ Recent Financial Change
☐ Consistent	☐ Lenient	☐ Take time to relax	☐ Recent Job Change/Loss
☐ Controlling	☐ Loving	☐ Tense	☐ Recent Legal Problems
☐ Couch-potatoes	☐ Never home	☐ Too many things going on	☐ Recent Live-in Change
☐ Critical	☐ Nurturing	☐ Trusting	☐ Recent Major Illness
☐ Detail-oriented	☐ Organized	☐ Trustworthy	☐ Recent Marriage/Relationship
☐ Disorganized	☐ Punitive	☐ Truthful	☐ Recent Move
☐ Distant	☐ Relaxed	☐ Unstructured	☐ Recent School Change

Presenting History/Problem(s): (Check all that apply)

☐ Abuse	☐ Communication	☐ Marriage	☐ School Work/Grades
☐ Abusive of Others	☐ Compulsive Behaviors	☐ Medical	☐ Self-esteem/Identity
☐ Abusive to Self	☐ Defiance/Disobedience	☐ Moodiness	☐ Separation/Divorce
☐ Adoption	☐ Depression	☐ Obsessive Thoughts	☐ Sexual
☐ Alcohol/Drugs	☐ Domestic Violence	☐ Parent-Child Issues	☐ Sleep
☐ Anxiety/Worry	☐ Eating/Weight Issues	☐ Parent-Teen Issues	☐ Spiritual Struggles
☐ Attachment Issues	☐ Family	☐ Peer Conflict	☐ Stress
☐ Attention-Deficit	☐ Grief/Loss	☐ Physical Disability	☐ Suicidal
☐ Behavioral Acting-out	☐ Home Behavior	☐ Poor Memory	☐ Suspensions
☐ Blended-Family	☐ Infidelity/Unfaithfulness	☐ Post-traumatic Stress	☐ Thought Disorders
☐ Boundaries	☐ Learning Disabilities	☐ Property Destruction	☐ Trauma/Crisis
☐ Child Discipline	☐ Legal/Court	☐ School	☐ Truancy
☐ Childhood Abuse	☐ Loneliness	☐ School Behavior	☐ Work

Describe Presenting Problem(s):_____

_____

_____

How long has Patient had this problem?_____ How have you tried to solve problem?_____

Any previous counseling? ☐ No ☐ Yes When?_____ How Long?_____ With Whom?_____

Medications: When?_____ How Long?_____ With Whom?_____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Has Patient ever had a drug or alcohol problem? ☐ No ☐ Yes What?/When?_____

Was Patient ever abused in any way? ☐ No ☐ Yes How?/Who?/When?_____

Has Patient been previously diagnosed with any psychological problems? ☐ No ☐ Yes What?_____

Does/Did anyone in family have a drug or alcohol problem? ☐ No ☐ Yes Who?/What?_____

Was anyone in family ever abused? ☐ No ☐ Yes Who?/How?_____

Does/Did anyone in family suffer from psychological problems? ☐ No ☐ Yes Who?/What?_____

Describe any significant losses, deaths, or traumas in Patient's life:_____

_____

_____

Patient's Medical History: (Check all that apply; Past and/or Present)

☐ Abortion	☐ Eating Disorder	☐ Hospitalized	☐ Recent Weight Changes
☐ Allergies	☐ Encephalitis	☐ Joint Problems	☐ Rectal Bleeding
☐ Anorexia/Bulimia	☐ Extreme Tiredness	☐ Liver Problems	☐ Seizures
☐ Asthma	☐ Extreme Weakness	☐ Loss of Consciousness	☐ Severe Headaches
☐ Back Problems	☐ Eye Problems/Poor Vision	☐ Memory Problems	☐ Sexually Transmitted Disease (STD)
☐ Blood Disease	☐ Frequent Headaches	☐ Meningitis	
☐ Bowel Problems	☐ Gallbladder Problems	☐ Miscarriage	☐ Skin Problems
☐ Cancer	☐ Head Injury	☐ Mouth/Throat Problems	☐ Sleep Problems
☐ Chest Pain	☐ Heart Problems/Disease	☐ Neck Stiffness/Pain	☐ Stillbirth
☐ Circulatory Problems	☐ Hemorrhoids	☐ Nose/Sinus Problems	☐ Stomach Trouble
☐ Convulsions	☐ Hepatitis (Type_____)	☐ Overweight	☐ Thyroid Disease
☐ Diabetes	☐ High Blood Pressure	☐ Premenstrual Syndrome (PMS)	☐ Underweight
☐ Ear Problems/Poor Hearing	☐ HIV/AIDS		

Please explain anything checked above: _____

_____

_____

List any hospitalizations, operations, and/or major injuries: _____

_____

Patient's Characteristics: (Check all that apply)

☐ Abusive / Angry	☐ Critical	☐ Hyperactive	☐ Over/Under weight	☐ Stubborn
☐ Active/Athletic	☐ Defiant	☐ Intelligent	☐ Poor Health	☐ Supportive
☐ Aloof	☐ Detail-oriented	☐ Introverted	☐ Punitive	☐ Talkative
☐ Always at Home	☐ Distracted	☐ Inattentive	☐ Quiet	☐ Tense
☐ Always on the Go	☐ Dishonest	☐ Isolative	☐ Relaxed	☐ Too Busy
☐ Angry	☐ Disorganized	☐ Leader	☐ Rigid	☐ Trusting
☐ Artistic/Creative	☐ Distant	☐ Lenient	☐ Shut-down	☐ Trustworthy
☐ Bad Attitude	☐ Easy-going	☐ Loving	☐ Shy	☐ Truthful
☐ Busy All the Time	☐ Enmeshed	☐ Manipulative	☐ Sneaky/Deceptive	☐ Unfocused
☐ Chaotic	☐ Extraverted	☐ Neglectful	☐ Social-butterfly	☐ Unstructured
☐ Closed	☐ Fast-paced	☐ Never home	☐ Spontaneous	☐ Validating
☐ Consistent	☐ Fights/Argues	☐ Nurturing	☐ Stable	☐ Violent
☐ Controlling	☐ Flexible	☐ Open	☐ Strict	☐ Warm
☐ Couch-potato	☐ Follower	☐ Organized	☐ Structured	☐ Wary

Patient's Talents and Interests:

List things Patient is interested in, likes to do, and/or is good at or talented in. _____

_____

List the positive qualities or strengths of Patient. _____

_____

List the negative qualities, weakness, or things needing improvement in Patient. _____

_____

Spiritual History:

Patient's Faith Heritage: ☐ Christian (Practicing) ☐ Christian (Non-practicing) ☐ Atheist ☐ Agnostic ☐ Other _____

Patient's specific Faith/Denomination Heritage of Parents: _____

Patient's current Faith: ☐ Christian (Practicing) ☐ Christian (Non-practicing) ☐ Atheist ☐ Agnostic ☐ Other _____

Does Patient consider themselves to be Born-again? ☐ No ☐ Yes If so, at what age? _____

Patient's current Faith/Denomination: _____

Name of Church Patient currently attends: _____ Name of Pastor/Minister: _____

Patient's greatest Spiritual Strength: _____

Patient's greatest Spiritual Struggle: _____

Patient's Spiritual Involvement:	Never	Rarely	Monthly	Weekly	Daily	Multiple x Day
Bible Class Attendance	☐	☐	☐	☐	☐	☐
Bible Reading/Study	☐	☐	☐	☐	☐	☐
Christian Clubs (AWANA, etc.)	☐	☐	☐	☐	☐	☐
Devotionals	☐	☐	☐	☐	☐	☐
Listening to Christian Music	☐	☐	☐	☐	☐	☐
Pray	☐	☐	☐	☐	☐	☐
Reading Christian Books	☐	☐	☐	☐	☐	☐
Watching Christian Movies	☐	☐	☐	☐	☐	☐
Worship / Church Attendance	☐	☐	☐	☐	☐	☐

Spiritual Involvement as a Family:	Never	Rarely	Monthly	Weekly	Daily	Multiple x Day
Bible Class Attendance	☐	☐	☐	☐	☐	☐
Bible Reading/Study as a Family	☐	☐	☐	☐	☐	☐
Christian Clubs (AWANA, etc.)	☐	☐	☐	☐	☐	☐
Family Devotionals	☐	☐	☐	☐	☐	☐
Listening to Christian Music	☐	☐	☐	☐	☐	☐
Family Prayer	☐	☐	☐	☐	☐	☐
Reading Christian Books	☐	☐	☐	☐	☐	☐
Watching Christian Movies	☐	☐	☐	☐	☐	☐
Worship / Church Attendance	☐	☐	☐	☐	☐	☐

_____ _____

Patient's Signature Date