Confidential Client Intake Form

Name ____

Sex ☐M ☐F Date of Birth ______________________________________ Age ______________________

Address __________________________________ City ____________________ State _________ Zip _________

Home Phone ____________________________________ Cell Phone ____________________________________

Email Address __________________________________ Facebook Address _________________________________

Employer ______________________________________ Occupation/Title _________________________________

Church ____

Please list your family (spouse, children, and parents)

Name	Sex	Age/Year of death	Relationship to you	Describe him/her

List any physical illnesses or conditions over the last year that might be relevant to you seeking prayer ministry ____________

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Please describe why you are coming to prayer ministry (issues, problems, symptoms, how long, etc.) ___________________

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Check any of the following symptoms or problems that you are currently or have recently experienced

☐ Stress ☐ Grief ☐ Verbal abuse ☐ Impulsive behavior ☐ Anxiety
☐ Constant Headaches ☐ Chronic Pain ☐ No appetite ☐ Eating problems ☐ Fears
☐ Stomach or bowel disturbances ☐ Unable to relax ☐ Suicidal tendencies ☐ Loss
☐ Sexual abuse ☐ Sexual problems ☐ Sexual addiction ☐ Gender identity ☐ Sexual difficulty
☐ Financial difficulties ☐ Career choices ☐ Spiritual Apathy ☐ Extremely shy ☐ Controlling
☐ Loneliness ☐ Indecisiveness ☐ Obsessive thoughts ☐ Depression ☐ Panic
☐ Poor concentration ☐ Insomnia ☐ Trouble sleeping ☐ Fatigue ☐ Anger
☐ Shyness ☐ Low self-esteem ☐ Hearing voices ☐ Loss of appetite ☐ Bad dreams
☐ Controlled by others ☐ Aggression ☐ Racing thoughts ☐ Drug use ☐ Apathy
☐ Relations issues ☐ Panic attacks ☐ Physical Abuse ☐Unwanted memories ☐ Alcohol use
☐ Feeling worthless ☐ Emotional Abuse ☐ Loss of control ☐ Pregnancy / Abortion ☐ Work issues
☐ Compulsive behavior ☐ Seeing things others don't ☐ Feeling inferior or rejected

Please place an "X" on the scale to indicate how distressing your problems are to you.

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Very minimal distress Moderate distress Very extreme distress

Describe your spiritual background, if any ____

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Have you ever been involved in a cult? YES NO

Have you ever been involved in occult activities? (Please circle from the following):

Tarot cards Ouija Board Horoscopes Séances Hypnosis

Fortune Telling Palm Reading Dungeons and Dragons Astrology

Are you currently experiencing any suicidal thoughts? ☐Yes ☐No

Have you experienced suicidal thoughts or attempted suicide in the past? ☐Yes ☐No

Are you currently experiencing any violent or homicidal thoughts? ☐Yes ☐No

____ _________________________________

Client's Signature Date

____ _________________________________

Parent or Legal Guardian's Signature Date