



Christian Life Fellowship Today's Date: _____

Counseling Ministry

(Please print and use black ink)

Request for Assistance (Intake)

Personal Information

Last Name: _____ First Name: _____

Address: _____ Apt.# _____

City: _____ State: _____

Zip: _____

Birthdate (Mo./Day/Yr.): _____ Age: _____ Sex: Male _____ Female _____

Phone (Day #): _____ (Eve. #) _____ (Cell #) _____

May we leave you a message? ___ Yes or ___ No If yes, which phone number: _____

(Page): _____ E-mail Address: _____

The best way and time to reach me is: _____

Why are you making this request? In your estimation, what is your greatest need? Please be specific:

Referred by: _____

Family Information

Marital Partner:

Never Married _____ Cohabiting _____ Married _____ Separated _____ Divorced _____ Widowed _____

Spouse's/Partner's Name: _____ Male _____ Female _____ Age: _____

Children's Names:(Print name, indicate sex, age and check if they are living primarily with you.)

_____ M/F Age: _____ Home: _____ _____ M/F Age: _____ Home: _____

_____ M/F Age: _____ Home: _____ _____ M/F Age: _____ Home: _____

_____ M/F Age: _____ Home: _____ _____ M/F Age: _____ Home: _____

_____ M/F Age: _____ Home: _____ _____ M/F Age: _____ Home: _____

_____ M/F Age: _____ Home: _____ _____ M/F Age: _____ Home: _____

Emergency Contact: _____ Relationship: _____ Phone: _____
 Address: _____ Work Phone: _____

Education and Employment

Check all that apply:

High School Grad. ___ Some College ___ College Grad. ___ Trade/Business School ___ Grad. School ___

Present/Most Recent Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position and Job Description: _____ How Long: _____

Current Employment:

Full Time _____
 Part Time _____
 Homemaker _____
 Student _____
 Retired _____

Family Income:

Under \$10,000 _____
 \$10,000-\$20,000 _____
 \$20,000-\$30,000 _____
 \$30,000-\$40,000 _____
 \$40,000-\$50,000 _____
 \$50,000-\$60,000 _____
 \$60,000-\$70,000 _____
 \$70,000-\$80,000 _____
 \$80,000-\$90,000 _____
 Over \$90,000 _____

Church Relations

Do you attend Christian Life Fellowship Church? Yes ___ No ___ If yes, how Often? _____

If you attend another church, which one? _____

Are you involved in a small group? Yes ___ No ___ Which one (s)? _____

Are you serving in an area of ministry? Yes ___ No ___ Ministry _____

List previous treatment with mental health professions:

Date	Name of Therapist/Place	Nature of Problem	Result of Treatment <small>(Very Successful, Somewhat Successful, Stayed the Same, Somewhat Worse, Much Worse)</small>

Are you presently under a physicians care? _____yes _____no

If yes, what for? _____

Name & Address of physician _____

Name	Dosage	Results

Please check any of the reasons below which resulted in your coming to CLF counseling ministry.

Yes or No

- Have you ever attempted suicide? If yes when: _____
Describe: _____

- Have you ever harmed yourself or abused any substance: (ex. Cutting, alcohol abuse, etc)
If yes when: _____

- Have you ever been physically or sexually abuse? If so, by whom: _____

- Does any member of your family suffer from addictions/substance abuse? If so, who? _____

- Has anyone in your family been hospitalized fro psychiatric care? If so, who? _____

(Signature-Parent/Guardian/Custodial Parent)
(If Client is under 18)

Date