

# ***ENCOURAGEMENT Christian Counseling & Coaching***

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*Anxious hearts are very heavy but a word of encouragement does wonders! Proverbs 12:25*  
**The Living Bible**

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## **Biographical Intake Form**

### **General Information**

1. Client's full name \_\_\_\_\_

2. Client's Social Security number \_\_\_\_\_

3. Client's address \_\_\_\_\_

4. Client's home phone number \_\_\_\_\_

5. Client's work phone number \_\_\_\_\_

6. Client's date of birth \_\_\_\_\_

### **Medical History**

1. Family doctor's name and phone \_\_\_\_\_

2. When was your last physical exam? \_\_\_\_\_ Anything noteworthy? \_\_\_\_\_

3. Are you presently taking any medications?  yes.  no. If yes, what and why?

\_\_\_\_\_

4. How would you rate your physical health?  excellent.  good.  fair.  poor.  very poor.

5. Are you presently experiencing any physical problems?  yes.  no. If yes, describe

\_\_\_\_\_

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6. Have you ever been hospitalized for an emotional or mental illness?  yes.  no. If yes, describe

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**Emotional History**

1. Have you ever sought professional counseling and/or coaching before?  yes.  no. If yes:

When? \_\_\_\_\_

Why? \_\_\_\_\_

Who? \_\_\_\_\_ Were you satisfied with the service?  yes  
 no.

2. Are you now seeing another counselor/coach?  yes  no

Who? \_\_\_\_\_

3. Who's idea was it that you come in for counseling/coaching?

\_\_\_\_\_  
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**Spirituality**

1. What does spirituality mean to you? \_\_\_\_\_

\_\_\_\_\_

2. Check as many as apply to your sense of spirituality.  Not spiritual  Seeking  Hurt by church  Evangelical  Skeptical  Growing  I love God  Charismatic  Born Again  God is unfair  New age  Catholic  Protestant  Afraid of God  Demonic  Out of God's will  Atheist  Spirit-filled  Losing my faith  Mad at God  Faithful  God is hard to please  Non-traditional  God loves me  Abandoned by God  Other

4. List any spiritual or religious questions you have. \_\_\_\_\_

\_\_\_\_\_

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**Occupation**

1. What is your present occupation? \_\_\_\_\_

2. Are you satisfied with your present occupation? \_\_\_\_\_

3. Briefly describe your work history. \_\_\_\_\_

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**Family of Origin**

1. Briefly describe your childhood home.

\_\_\_\_\_

\_\_\_\_\_

2. Briefly describe your father's personality and the way he treated you. \_\_\_\_\_

\_\_\_\_\_

3. Briefly describe your mother's personality and the way she treated you. \_\_\_\_\_

\_\_\_\_\_

4. Check as many as apply to you during childhood  Bedwetting  Loved  Praised  
 Sleepwalking  Ridiculed  Pampered  Happy  Insecure  Neglected  Nail biting  
 Isolated  Sexually molested  Stuttering  Picked-on  Class clown  Nurtured  Afraid  
 Angry  Lonely  Rescuer  Scapegoat  Abused  Fantasy  Sheltered

5. What patterns or behaviors of your parents do you want to see in yourself in your own family?

\_\_\_\_\_

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\_\_\_\_\_

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Are there any you wish to unlearn? \_\_\_\_\_

\_\_\_\_\_

6. Describe your brothers and sisters and how you related to them during childhood. \_\_\_\_\_

\_\_\_\_\_

7. Describe any turning points or significant events during your childhood that impacted you (i.e.

divorce/remarriage, death of a loved one, a family move...)\_\_\_\_\_

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**Present Family Issues**

1. Name and age of spouse. \_\_\_\_\_

2. Name(s) and age(s) of any children.

3. Have either you or your spouse ever been divorced? \_\_\_\_\_

4. Any difficulties with in-laws?

5. How would you characterize your present home life? \_ Extremely stable \_ We struggle more than others \_ About average \_ Always struggling

6. If you could change one thing about your spouse, what would it be \_\_\_\_\_

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7. If you could change one thing about your children, what would it be? (List name of child as well) \_\_\_\_\_

**Present Situation**

1. List any present thoughts, feelings and, or behaviors you or others consider problematic.

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2. What would you like to accomplish through counseling and/or coaching?

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