Counseling Intake Questionnaire

At The Well Ministries Family Life Counseling
Dr. Tom Joseph Ph.D., L.C.P.C.
(Licensed Clinical Pastoral Counselor)
19039 E. Plaza Dr., Suite 250, Parker, CO 80134
Phone: (303) 840-5825 Fax: (303) 840-5826 Mobil/Text: (303) 960-0665
Email: docjoseph@atthewell.net Web: www.atthewell.net

Date _________________________

Name____

Address____

____

E-mail____

H-phone____________________________ **W-phone**_____________________________

Cell/Text________________________________**Fax**______________________________
____

Age _________ **Date of Birth**_________________________

Level of education: BA/BS_______ **MA** _______ **PHD** _________ **Tech.**_________

Trade _________ **GED** ________ **High School** ________ **Military** ________________

Other ____

What is your profession?

 ____

Current Marital Status:

Married______Single_______Separated_______Divorced_______Widowed________

How long have you been married? __________________

Have you ever been divorced? _________ If yes, how many times? ________
Please explain: ____

____

____

____

____

____

Do you have children? _________ How many? ______________

What are their names and ages? ____

____

____

Health History:

Are you taking any prescription medication? ____ Explain___________________

____

____

____

Have you ever been on an anti-depressant, anti-anxiety, Mood Stabilizer, or ADD medications?

____

____

____

____

____

Do you smoke cigarettes or chew tobacco? ______ How many? _______

Did you ever smoke or chew? ______

How many and for how long?

____

____

Were you ever or are you a recreational drug user? _______ Explain:

____

____

Do you drink alcohol? ___________ How much? __________

Explain: ____

____

Have you ever had a DUI or any other alcohol or marijuana related offense? ______

Explain: ____

____

Have you ever been arrested for domestic violence or any other related action?

____

____

____

____

____

FAMILY HISTORY

How many siblings? ____

Do any of them have any mental illness or relational problems, divorce, substance abuse, alcoholism, or criminal records etc…? ________ Explain:

____

____

____

____

____

Is your mother still living? _______. Is your father still living? ________

Have they been divorced? _______. How many times for mom? _________. How many times for dad? _________ Has there been any drug abuse, alcoholism, criminal records, depression, mental illness, or other serious problems with one or both parents in their past? _______

Explain:____

____

____

____

____

____

____
____

Were you ever abused as a child? _________ Explain: __________________

____

____

____

Your Faith

Catholic____, Traditional Protestant______, Pentecostal_______, Conservative

Baptist______, Non-Denomination______, Other______________________________

____

MEN ONLY

Have you had a vasectomy? ______. Has your sex drive decreased? _________

____

____

____

WOMEN ONLY

Have you ever had an abortion? __________ When? _________

Explain: ____

____

____

Have you had a hysterectomy? _____________ When? _________________

Do you have menstrual problems? ________________ Explain:

____

____

____

Are you Pre-Menopausal _______Post-Menopause________

Currently in Menopause? _______

How did you hear about us?

Internet/Google search _______ Friend _______ Church ________

Yellow pages _______Christian Directory ___________Other __________________