

Counseling Intake Questionnaire

At The Well Ministries Family Life Counseling

Dr. Tom Joseph Ph.D., L.C.P.C.

(Licensed Clinical Pastoral Counselor)

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Date _____

Name _____

Address _____

E-mail _____

H-phone _____ W-phone _____

Cell/
Text _____ Fax _____

Age _____ Date of Birth _____

Level of education: BA/BS _____ MA/MS _____ PHD/MD _____
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 _____