**March**

**Holistic Christian Therapy**

**Intake Assessment**

**Date: Age: Birthday:**

**Name: Social Security #:**

**Address: City: Zip:**

**Phone: Home: Cell: Work:**

**Employer:** Phone:

**Spouse/Partner**: Name: Phone:

Employer: Phone:

**Emergency Contact:**

**Name:**  Relation to you:

**Phone:**

**Referral Source:** Self Family Friend Minister Court

Phone Book

Who referred you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interests/Activities:** What are your /spouse hobbies?

Do you feel you spend enough time on your interests?

**Education:** Last grade completed: Degree:

Special training or skills:

**Religious/Spiritual Background:** Current religious/spiritual involvement/activities:

What are your current spiritual concerns? (If any)

**Current Marital Status:** Years/months How many times?

Married

Unmarried

Living together

Separated

Divorced

Widowed

**Children’s** Names: Age:

Siblings: Age:

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Sexual/ Gender Issues: Describe:

What recently happened to cause you to seek help at this time?

SYMTOMS: Initial (Y, S, B) all that apply to you/spouse/both now or in the last month:

Depression can’t concentrate

Gambling sexual problems

Panic attacks nervous/anxious

Loneliness financial worries

Mood swings crying spells

Hearing voices emptiness

Increased alcohol use hitting

Increased drug use yelling

Endangering self/others seeing things no one else does

Relationship problems \_\_\_\_\_ Hopelessness

**Please list all of your prescription/over the counter/holistic medications:**

**Drug:**  **Prescribed by/purpose:**

**PREVIOUS MENTAL HEALTH**

Have you ever been to therapy/counseling before?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever seen a therapist for personal/family problems or alcohol/drug treatment? \_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any involvement in self-help groups such as AA, NA, Recovery,

etc.? Reason:

When/Where:

Have you ever been in the hospital/residential center for personal, alcohol/drug problems? When/where

Do you now or have you recently had thoughts of harming yourself?

Have you ever attempted to commit suicide or harmed yourself?

Please explain: When? How?

Why?

Do you now or have ever had thoughts of harming others? Who?

Have you ever attempted to kill or seriously harm someone else?

Please explain

Have you ever be a victim of physical or sexual abuse?