Albany Biblical Counseling Center

ADOLESCENT INTAKE FORM

PERSONAL INFORMATION

Name ____ E-mail _______________________________

Street Address ____

City _______________________________________ State _______________ Zip ___________________

Sex _________ Birth Date ________________ Age ______ Weight __________ Height ____________

Home Phone _____________ Cell Phone ______________ School ________________ Grade _______

I was referred to The Biblical Counseling Center by ____

FAMILY INFORMATION

Were you raised by anyone other than your own parents? ❑ Yes ❑ No; Please explain:

____

May we contact your parents/guardians for information and help? ❑ Yes ❑ No; Please explain:

____

How many older brothers do you have? ________ Older sisters? _________

How many younger brothers do you have? ______ Younger sisters? ______

RELIGIOUS BACKGROUND

What church do you currently attend? (List the name and city)

____

Are you a member of that church? ❑ Yes ❑ No; Denominational Preference

____

Church Address ____

Pastor's Name _____________________ Pastor's Phone ______________ E-mail ___________________

May we contact your pastor for information and help? ❑ Yes ❑ No

Church attendance per month

Church attended in childhood ____

Have you been baptized? ❑ Yes ❑ No; When? ____

Do you consider yourself to be a religious person? ❑ Yes ❑ No

Do you believe in God? ❑ Yes ❑ No ❑ Uncertain

Do you pray to God? ❑ Yes ❑ No ❑ Uncertain

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? ❑ Yes ❑ No ❑ Uncertain

If you answered “yes” and know for sure you are going to heaven, explain how you do know.

____

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______

____

How do you characterize your relationship to Jesus? ❑ None ❑ Struggling ❑ Growing ❑ Strong

How often do you read the Bible? ❑ Never ❑ Seldom ❑ Often

Have you had any recent changes in your spiritual life? _____ Explain: ___________________________

____

PERSONALITY INFORMATION

Have you had any kind of counseling before? ❑ Yes ❑ No

*If yes, please explain a little about it. ____

____

____

<u>*Please check any of the following words that would describe you:</u>

❑ Ambitious	❑ Self-confident	❑ Persistent
❑ Nervous	❑ Hardworking	❑ Impatient
❑ Impulsive	❑ Moody	❑ Active
❑ Often-blue	❑ Excitable	❑ Imaginative
❑ Calm	❑ Ambivalent	❑ Serious
❑ Easy-going	❑ Shy	❑ Good-natured
❑ Introvert	❑ Extrovert	❑ Likeable
❑ Leader	❑ Quiet	❑ Hard-boiled
❑ Submissive	❑ Sensitive	❑ Hypersensitive
❑ Suspicious	❑ Self-conscious	❑ Lonely

<u>*Please check the appropriate response:</u>

Have you ever felt people were watching you?	❑ Yes	❑ No
Have you ever had hallucinations?	❑ Yes	❑ No
Are you sometimes unable to judge distances?	❑ Yes	❑ No
Are you afraid of being in a car or airplane?	❑ Yes	❑ No
Is your hearing exceptionally good?	❑ Yes	❑ No

*Approximately how many hours of sleep do you get each night? _____________________________

*When you do usually: Go to sleep? ________ Fall asleep? __________ Get out of bed? __________

*If you have trouble sleeping, do you know what might be the reason? _________________________

____

*How would people characterize the kind of person you are? __________________________________

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HEALTH INFORMATION

Rate your health: ❑ Excellent ❑ Good ❑ Average ❑ Declining ❑ other, please explain below,

____

____

Describe any recent weight changes? ____

List all important present or past illnesses, injuries and handicaps ____________________

____

Do the above limit you in any way? ❑ Yes; ❑ No; If Yes, how? _______________________

Date of last medical exam: _______________ Report: _____________________________

____

Your physician _________________ Address ____________________________________

Are you presently taking medication? ❑ Yes; ❑ No; If yes, what?

____

Have you used drugs for other than medical purposes? ❑ Yes; ❑ No; If "yes," when and what did you use?

____

Do you struggle with drinking? ❑ Yes; ❑ No; if "yes," how long have you been drinking? __________

____

Do you struggle with smoking? ❑ Yes; ❑ No; if "yes," how long have you been smoking? __________

____

Have you ever had a severe emotional upset? ❑ Yes; ❑ No; if "yes," please briefly describe:

____

Have you ever been arrested? ❑ Yes; ❑ No; if "yes," please briefly describe the outcome:

____

*Is ❑ self or ❑ girlfriend; pregnant? ❑ Yes; ❑ No; **<u>if "yes,"</u>** please briefly describe how far along she is: ____

*Has ❑ self or ❑ girlfriend; ever had an abortion? ❑ Yes; ❑ No; **<u>if "yes,"</u>** please briefly describe the circumstances: ____

*Does ❑ self or ❑ girlfriend; have an STD? ❑ Yes; ❑ No; **<u>if "yes,"</u>** please give approximate time-line of contraction. ____

*Has ❑ self or ❑ girlfriend ever been sexually molested? ❑ Yes; ❑ No; **<u>if "yes,"</u>** please give approximate time-line of incident(s). ____

*Any other health issues we need to know? ____

____

BASIC ISSUES IDENTIFICATION

(Briefly answer the following questions; use back if necessary)

1. What do you feel is the issue that brings you here?

2. What have you done about it?

3. What are you seeking (and expecting) from Biblical counseling?

4. Who do you consider a friend who has talked with you about what you are going through?

5. Is there any other information that you think we should know?