



elbow tree

Christian Counseling, LLC

Intake Questionnaire

Name(s): _____

Address: _____

City: _____ State: _____ Zip
Code: _____

Home Phone: _____ Cell: _____
Other: _____

Email: _____
Website: _____

(Please circle any addresses, phone numbers or e-mails that you DO NOT want me using to reach you OR leaving a message. I do not want to compromise your confidentiality or create an uncomfortable situation.)

Are you Married? _____ For How Long?

Previous Marriages? (Him) _____ How Many? _____ (Her) _____ How Many?

Are your parents divorced? (Him): _____ How old were you? _____ (Her): _____ How old were you? _____

Please give the following info for each person that currently lives in your home, including yourself:

	Name	Age	Relationship
to Self	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Are you currently taking any prescription psychiatric medications? _____

<u>Dr./Drug</u>	<u>Reason</u>	<u>How Long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any current or expected legal involvement?_____ If yes, please explain:_____

Are you currently under an order of protection?_____ If yes, please explain:_____

Who may we contact in the event of an emergency? Please mark your initials to give us permission to do this._____

Name:_____ Relationship:_____

Address:_____ Phone:_____

To determine your fee per session after your first visit, we will take your Combined Gross Monthly Income and the number of dependent people in your household and use a formula to come up with a fee that is comfortable for you. Instead of bringing in pay stubs, 1040 forms, etc. to verify income, I ask that you simply mark your initials below – to affirm what you report here is accurate to the best of your knowledge.

Your **CGMI**:_____ Client Initials:_____

Total # of household members that depend on this income:_____

Do you currently attend any church? Which one?

What is your occupation? (Him):_____
(Her):_____

Have you ever been to see a therapist before?

Was it helpful?

How did you hear about Elbow Tree Christian Counseling?

May we thank them for referring you?

What brings you to therapy today?

Do you have any other special circumstances or information that would be helpful for me to know?

***Are you allergic to dogs or do you have an aversion to them?

Our office is located in a dog friendly building and from time to time, we – or other tenants – may have one of our family dogs with us.