



ANCHORED MINISTRIES

2240 Klondike Rd.
Green Bay, WI 54311
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"Therefore if any man is in Christ, he is a new creature; the old things passed away; behold new things have come." -2 Corinthians 5:17

Intake Questionnaire

Identification Data:

Name: _____ Telephone: _____
Address: _____
Occupation: _____
Business or Cell Phone: _____
Sex: _____ Birth date: _____
Marital Status: Single ___ Dating: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Referred here by: _____

If married:

Spouse's name: _____
Spouses mobile number: _____ work number: _____
Spouse's e-mail address: _____
Spouse's occupation: _____

If previously married please give a brief description: _____

Health Information:

Rate your health (check): Very Good: ___ Good: ___ Average: ___ Declining: ___ Other: ___

Weight Changes Recently: Lost _____ Gain: _____

List all important present or past illnesses or injuries or handicaps:

Date of last medical examination: _____ Report: _____

Are you presently taking any medication? Yes ___ No ___

If so, what are you taking? _____

Have you used drugs for anything other than medical purposes? Yes ___ No ___

Have you ever had a severe emotional upset? Yes ___ No ___

Explain: _____

Have you ever been arrested? Yes ___ No ___

Have you recently suffered the loss of someone who was close to you? Yes ___ No ___

Explain: _____

Have you recently suffered loss from serious social, business, or other reversals? Yes ___ No ___

Explain: _____

Spiritual Background:

What church do you attend? _____

How long have you attended? _____

Are you a member? _____

Personal Information:

Have you ever had any psychiatric treatment, psychotherapy or counseling before? Yes ___ No ___

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

Information about children:

*Name Age Sex Living (Y/N) Education (in years) Marital Status

*please check by name if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain: _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Briefly answer the following questions:

1. What is your problem/issue that has caused you to pursue counseling? When did it start?

2. What have you done about it previously?

3. What can we do? (What are your expectations in coming here?)

4. As you see yourself, what kind of person are you? Describe yourself...

5. Please check any of the following that apply:

| | | | |
|---------------------|-----|-------------------|-----|
| Chemical addictions | ___ | Sexual Addictions | ___ |
| Suicidal thoughts | ___ | Abuse | ___ |
| Same sex attraction | ___ | Eating disorders | ___ |
| Previous abortion | ___ | Other | ___ |

6. Is there any other information we should know?