Confidential Intake Questionnaire (Long Form)
Agape House

Please fill out this questionnaire as completely as possible. Your information will be kept confidential and we are looking forward to meeting you. Thank you for contacting Agape House.

Basic Information

Name____ M/F Birth Date______________ Age___________

Address____City________________ST_____ZIP____________

How long have you lived at this location?____________Number of times moved in last 5 years________

Home Phone #____________________Work Phone #_________________Cell #_____________________

Email address____

Employer_______________________________ Job Title____

How long have you been at this job?_________________

Educational and Vocational

Highest grade completed______________ College attended _____________________________________

Degrees______________________Vocational Training________________ Military Service_____________

How many jobs have you had in the last 5 years?____________Reason for leaving___________________

Marital Data

☐ Never married ☐ Engaged ☐ Married (____# of yrs) ☐ Separated (date:______________)

☐ Divorced (date:_____________) ☐ Widowed (date:__________ ___) ☐ # of times married________

Spouse's Name_______________________________ Age__________ # of times married_______

Address (if different)__________________________________City__________________ST____ZIP___________

Home #_________________________ Work #_____________________

Occupation____________________________ Education and/or Military Service_________________________

Does your spouse know you are coming to receive ministry? ☐ Yes ☐ No

Emergency Contact Information

Name:___________________________________ Relationship:___________________________________

Address:____City______________ST____ZIP___________

Home Phone:___________________ Work:___________________ Cell:_____________________

Minors

I am a minor: ☐ yes ☐ no Do your parents know you are coming to receive ministry? : ☐yes ☐no

Children (please list all children)

Name	Step Child?	Age (if living)	Health Condition	At Home	Age at Death	Cause of Death

Family History

	Age (if living)	Health Condition	Age at Death	# times Married	Alcoholic?	
Father						
Mother						
Step-Father						
Step-Mother						
Spouse’s Father						
Spouse’s Mother						
Spouse’s Stepfather						
Spouse’s Stepmother						

Please evaluate the relationship between you and your parents while growing up. Check all that apply.

	Father	Mother	Stepfather	Stepmother
Had the greatest effect on you				
Usually did the disciplining				
Was away a great deal				
You identified with the most				
You were close to				

Major conflicts with				
More dominant personality				

	You	Spouse
Total size of family		
Number of brothers		
Number of sisters		

Were you ☐ oldest? ☐ middle? ☐ youngest?

Was your spouse ☐ oldest? ☐ middle? ☐ youngest?

Was your childhood: ☐ sad? ☐ happy? ☐ lonely? ☐ rejected? ☐ good? ☐ other?

Was your spouse's childhood: ☐ sad? ☐ happy? ☐ lonely? ☐ rejected? ☐ good? ☐ other?

Health Survey

Personal Physician_______________________________Date of last check-up________________________

Reason for last visit____

What, if any, medications are you currently taking (give dosage and reason for medication)__________

____

Are you under a doctor's care now? ☐ yes ☐ no

Have you ever taken any street drugs? ☐ yes ☐ no

Pregnancy___________________ Type of drug(s)____

Have you experienced any recent significant weight loss or gain? ☐ yes ☐ no

Please list any other medical problems____

____

Religious/Spiritual

Did you attend church as a young person? ☐ yes ☐ no If yes, what demonination?_______________

How often did you attend?_____________ Did you enjoy church activities? ☐ yes ☐ no

Do you attend church now? ☐ yes ☐ no If yes, which church?___________________________

How often do you attend?_____________ Do you enjoy church activities? ☐ yes ☐ no

Have you made the great discovery of knowing Jesus Christ personally? ☐ yes ☐ no ☐ unsure

Are you satisfied with your personal faith? ☐ yes ☐ no ☐ unsure

Comments:____

Are you interested in a more fulfilling personal faith? ☐ yes ☐ no ☐ unsure

Comments:____

Do you have a regular time of personal Bible study? ☐ yes ☐ no ☐ unsure

How much have you studied the Bible?____

____

Personal History

Do you read/follow a daily horoscope? ☐ yes ☐ no

Have you ever had any non-Christian religious or spiritual experiences? (cult involvement, psychic experiences, drug use, etc.) ☐ yes ☐ no

If yes, please describe:____

____

Criminal activity: ☐ yes ☐ no

List any arrests and convictions with the dates:____

____

Problem Analysis

Have you received counseling previously?____

If yes, please provide: Dates____

With whom____________________________________

Reason_______________________________________

Reason for stopping____________________________

Have you ever been hospitalized for emotional problems? ☐ yes ☐ no

Give details:____

Have you taken medication for emotional issues? ☐ yes ☐ no If yes, list type(s)____________

____

How would you characterize yourself? Check those that apply:

☐ Happy	☐ Defeated	☐ Guilt-ridden	☐ Tearful	☐ Sad
☐ Suicidal	☐ Depressed	☐ Angry	☐ Satisfied	☐ Anxious
☐ Hurt	☐ Bitter	☐ Numb	☐ Insecure	☐ Lonely

How would you characterize your spouse? Check those that apply:

☐ Happy	☐ Defeated	☐ Guilt-ridden	☐ Tearful	☐ Sad
☐ Suicidal	☐ Depressed	☐ Angry	☐ Satisfied	☐ Anxious
☐ Hurt	☐ Bitter	☐ Numb	☐ Insecure	☐ Lonely

What has been your great disappointment?____

Describe:____

Explain briefly what you believe your problem is:____

____

What do you want the Biblical counseling process to accomplish?___________________________

____

____

____

____

Other Problems

Have you ever: Experienced child abuse or spousal abuse? ☐ yes ☐ no

Experienced rape, incest or sexual molestation? ☐ yes ☐ no

Been pregnant our of wedlock/abortion? ☐ yes ☐ no

Attempted suicide? ☐ yes ☐ no

Other family members who have attempted suicide? __________ ________________________

Do you have a tendency to: Have a high need for achievement/approval? ☐yes ☐no

Be a workaholic? ☐yes ☐no

Struggle with alcoholism? ☐yes ☐no

Are finances are recurring problem? ☐yes ☐ no

Do you experience any phobias? ☐yes ☐ no Comments:___________________

____

Do you have any questions that you would like me to address at this time?___________________________

____