

New Haven Ministries

Confidential Intake Questionnaire

Please fill out this questionnaire as completely as possible. Your information will be kept confidential and we're looking forward to meeting with you. Thank you for contacting New Haven.

Date _____

Referred by _____

Basic Information

Name _____ Birth date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Employer _____ Job Title _____

Work Hours _____ How long have you been at this job? _____

Marital Data

Marital Status:

Never Married Engaged Married (____years) Separated (Date: _____)

Divorced (Date: _____) Widowed (Date: _____) No. Of times married? _____

If applicable:

Spouse's name _____ Age _____ No. Of times married _____

Address (if different) _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Do they know you are coming to New Haven? Yes No

Children

Name	Stepchild?	Age if Living	Health Condition	Living at Home?	Age At death	Cause of death
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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)

Have you ever taken any street drugs? Yes No Are you currently? Yes No

Frequency _____ Type of Drug(s) _____

Have you experienced any recent significant weight loss or gain? Yes No

Please list any other medical problems _____

Family History

	Age if Living	Health Condition	Age at Death	Divorced	No. of 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				
Was affectionate to you				
You identified with the most				
You were close to				
Major conflicts with				
More dominant personality				

Personal History

	<u>You</u>	<u>Spouse</u>				
Total size of family	_____	_____				
Number of brothers	_____	_____				
Number of sisters	_____	_____				
Were you	<input type="checkbox"/> Oldest?	<input type="checkbox"/> Middle?	<input type="checkbox"/> Youngest?			
Was your spouse	<input type="checkbox"/> Oldest?	<input type="checkbox"/> Middle?	<input type="checkbox"/> Youngest?			
Was your childhood	<input type="checkbox"/> Sad?	<input type="checkbox"/> Happy?	<input type="checkbox"/> Lonely?	<input type="checkbox"/> Rejected?	<input type="checkbox"/> Good?	<input type="checkbox"/> Other?
Was you spouse's Childhood	<input type="checkbox"/> Sad?	<input type="checkbox"/> Happy?	<input type="checkbox"/> Lonely?	<input type="checkbox"/> Rejected?	<input type="checkbox"/> Good?	<input type="checkbox"/> Other?

Religious

Did you attend church as a young person? Yes No

If yes, what denomination? _____ How often did you attend? _____

Did you enjoy church activities? Yes No

Do you attend church now? Yes No

If yes, what denomination? _____ 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

Are you interested in a more fulfilling personal faith? Yes No

Do you have a regular time of personal Bible study? Yes No

Occult Activity

Do you read / follow daily horoscope? Yes No

Have you ever:

Had your horoscope read? Yes No

Been to a fortuneteller / palm reader? Yes No

Played with an Ouija board? Yes No

Other _____

Criminal Activity

Please list any arrests and convictions with the dates.

Problem Analysis

Have you received counseling previously? Yes No

 If so, please give: dates _____

 With who _____

 Reason _____

 Reason stopping _____

Have you ever been hospitalized for emotional problems? Yes No

Have you ever taken any medication for emotional problems? Yes No

How would you characterize yourself?

Happy Depressed Angry Hurt Sad Suicidal Fearful Anxious

How would you characterize your spouse?

Happy Depressed Angry Hurt Sad Suicidal Fearful Anxious

What has been your greatest disappointment in life?

Explain briefly why you have sought counseling.

Why did you choose New Haven?

Explain briefly what you have attempted to do about the problem.

What do you want us to do for you?

Disclaimer and Release of Liability and Confidentiality

I have voluntarily sought counseling at New Haven Ministries. I am under no obligation or compulsion to accept this counseling or any advice I may receive during this counseling process. I further agree to hold New Haven Ministries and its staff free from any and all liability, loss or damage of any kind that may arise as the result of the counseling.

I understand that New Haven Ministries and any employee or other representative of New Haven is offering this counseling voluntarily, at a voluntarily pledged cost, and that I or New Haven can terminate or limit this counseling at any time.

I understand that this counseling is not a medical, psychiatric, psychological or other professional service, but is exclusively the sharing and explaining of principles set forth in the Bible as applied to my personal situation.

I understand that any counselor representing New Haven Ministries might thoughtfully choose to, or may be legally bound to disclose information received from me in the following circumstances:

1. The information may be disclosed to law enforcement officers or other governmental officials, if the counselor believes that the information may be about an actual, threatened or potential crime, other violation of law, or other matter within the responsibilities of the officers or officials to whom the disclosure is made.
2. The information may be disclosed to the proper authorities, if the counselor believes it is about an actual, threatened or potential suicide, or other act of self- harm.
3. The information that minors disclose regarding abuse, illegal activities may be disclosed to parents or other appropriate authorities if the counselor believes such disclosures will enhance the counseling process or provide necessary protection for the minor.

I have fully read this statement. I understand and agree with what I have read. I have executed this statement as my free and voluntary act on this _____ day of _____ 20 ____ .

Counselor Name (please print clearly)

Client Name (please print clearly)

Signature of Counselor

Signature of Client/Parent (if a minor)