LoveSpeak Ministries

Marriage and Family Counseling
Phone: 775-376-1312 E Mail: lovespeakministries@gmail.com

PRE-COUNSELING INTAKE FORM

The following information is kept in strictest confidence according to the federal statutes in the HIPAA requirements.

Please provide the following information for our records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as our counseling sessions. If obtaining this form one line, please print out this form and bring it to your first session

Name: ____ _
(Last) (First) (Middle Initial)

Name of parent/guardian (if you are a minor):

(Last) (First) (Middle Initial)

Birth Date:______ / ______/______ Age: ________ Gender: □ Male □ Female

Marital Status:

□ ________________________ Never Married □ Partnered □ Married □ Separated □

Divorced □ Widowed

Number of Children:_________

Local Address:____
(Street and Number)

(City) (State) (Zip)

Home Phone: ( ) _________________

Cell/Other Phone: ( ) __________________

E-mail:____

How did you hear about us: ____

John Price, Inc.., Counseling Temperament and Christian Counselor, Professional Clinical Member NCCA

GENERAL INFORMATION

1. If Married, how long? Your birth date

The name of your spouse Spouse's age

2. Do you have a job? If so, how long? Work phone

Where are you employed?____

What kind of work do you do?____

3. Do you have brothers or sisters and how many each? _____

4. Are your parents married? Or (circle one): Separated? Divorced? Remarried?

If still together, how long have they been married?

Father's age and name ________________________________

Mother's age and name ________________________________

5. Do you have any children? If yes, how many? Please give names and ages of children

6. Have you been divorced? __________

7. Has your mate been divorced before?_________

8 Do you have a family history of alcohol/drug abuse? If so, please explain

9. Do you still struggling with chemical or drug dependency? If yes, please explain

10. Have you or anyone in your family had professional counseling before?

If yes, please explain ____

11. Do you believe in God? Please explain

If your answer is YES to any of the following questions, please explain:

12. Are you struggling with any recent trauma or emotional issues?

13. Have you ever been a victim of domestic violence? _________________________

If yes, do you feel safe from the perpetrator/s at this time? ______ Yes ____ No

14. Have you been a victim of physical abuse? _________________________________

15. Have you been a victim of sexual abuse?___________________________________

16. Have you been a victim of emotional abuse? ______________________________

17. Have you been a victim of rape? ____

18. Have you been a victim of incest? _______________________________________

19. Do you have any difficulty expressing or controlling feelings of any kind? *

20. Have you ever been or currently involved with pornography?

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? □ Yes □ No

Have you had previous Counseling or psychotherapy? (circle one)
No / Yes, at Previous therapist's name ____

Are you currently taking prescribed psychiatric medication (antidepressants or others)?

Yes No If Yes, please list: ____

If no, have you been previously prescribed psychiatric medication?

Yes No If Yes, please list:____

21. Have you had an abortion?_______________________________

22. Are you able to process anger in a healthy manner? * If no explain

23. Have you had a police record or jail sentence? *

If yes explain: _________________________________

24. Are you currently on probation, parole or court monitor of any kind? If yes,

What county: ____

Stipulations: ____

Reporting requirements:

27. Have you ever been incarcerated?

If yes, when was the most recent date? ____________________

28. Do you have a history of violent or combative behavior?* If

yes, please describe:

29. Any criminal history within the past 10 years?

If yes please describe the charges and violations, approximate date of each occurrence:

30. Do you have any upcoming court appearances that you need to attend? If so, list dates & location:

31. Do you have any medical conditions or illnesses? * If yes,

please describe:

32. Are you currently under care for any medical condition? If yes,

please describe:

33. Do you have any type of physical disability or limitations?

If yes, please describe: ____

34. Are you currently experiencing any physical symptoms or complaints that may need medical attention?

If yes, please describe: ____

35. Are you currently taking any prescription medications? *

If yes, please explain ____

Name of Medication **Dosage Amounts**

1. How is your physical health at present? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

2. Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):

3. Are you having any problems with your sleep habits? □ No

If yes, check where applicable:

□ Sleeping too little □ Sleeping too much □ Poor quality sleep

□ Other _________________________

4. How many times per week do you exercise? _________
Approximately how long each time? __________

□ Disturbing dreams? ? □ Yes □ No

5. Are you having any difficulty with appetite or eating habits? □ Yes □ No

If yes, check all applicable: □ Eating less/ Eating more Binging □ Restricting

Have you experienced significant weight change in the last 2 months? □ No □ Yes

6. Do you regularly use alcohol? □ No □ Yes

In a typical month, how often do you have 4 or more drinks in a 24-hour period? ______

7. How often do you engage in recreational drug use?

□ Daily □ Weekly □ Monthly □ Rarely □ Never

8. Have you had suicidal thoughts recently? □ Frequently □ Sometimes □ Rarely □

Have you had them in the past? □ Frequently □ Sometimes □ Rarely □ Never
9. Are you currently in a romantic relationship? □ No □ Yes

If yes, how long have you been in this relationship? __________________

On a scale of 1-10, how would you rate the quality of your current relationship? ________

10. In the last year, have you experienced any significant life changes or stressors:

Have you ever experienced:

Extreme depressed mood: □ No □ Yes

Wild Mood Swings: □ No □ Yes

Rapid Speech: □ No □ Yes

Extreme Anxiety: □ No □ Yes

Panic Attacks: □ No □ Yes

Phobias: □ No □ Yes

Sleep Disturbances: □ No □ Yes

Hallucinations: □ No □ Yes

Unexplained losses of time: □ No □ Yes

Unexplained memory lapses: □ No □ Yes

Alcohol/Substance Abuse: □ No □ Yes

Frequent Body Complaints: □ No □ Yes

Eating Disorder: □ No □ Yes

Body Image Problems: □ No □ Yes

Repetitive Thoughts (e.g., Obsessions) : □ No □ Yes

Repetitive Behaviors (e.g., Frequent Checking, Hand-Washing) : □ No □ Yes

Homicidal Thoughts: □ No □ Yes

Suicide Attempt: □ No □ Yes

Comments or Explanation concerning any of your answers:

Are you currently employed? □ No □ Yes

If yes, who is your current employer/position?

If yes, are you happy at your current position?

Please list any work-related stressors, if any: ____

RELIGIOUS/SPIRITUAL INFORMATION:

Do you consider yourself to be religious? □ No □ Yes

If yes, what is your faith? ___________________________
If no, do you consider yourself to be spiritual? □ No □ Yes

FAMILY MENTAL HEALTH HISTORY:

Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (circle any that apply and list family member, e.g., Sibling, Parent, Uncle, etc.):

Difficulty	Family Member
Depression: □ No □ Yes	
Bipolar Disorder: □ No □ Yes	
Anxiety Disorders: □ No □ Yes	
Panic Attacks: □ No a Yes	
Schizophrenia: □ No □ Yes	
Alcohol/Substance Abuse: □ No □ Yes	
Eating Disorders: □ No □ Yes	
Learning Disabilities: □ No □ Yes	
Trauma History: □ No □ Yes	
Suicide Attempts: □ No □ Yes	

FAMILY HISTORY ANALYSIS

Please complete each question as thoroughly as possible. This will help me understand you and your family background and will help us build toward a positive mental attitude.

1 would like to know about your FATHER. (If you have a stepfather, please describe the one you feel closest to or the one you regard as your father). Give your impressions in REFERENCE TO YOUR CHILDHOOD.

List what you feel are the positive qualities of your father.

List what you feel are the negative qualities of your father.

Describe how you feel about your father. (Did you BOND together or feel rejected?)

What emotions does he express openly and how?

Describe how you and your father communicate.

Describe the most pleasant and unpleasant experiences with your father.

What was your father's goal for your life? (How did he express it to you?)

In what ways are you like your father?

I would like to know about your MOTHER. (If you have a stepmother, please describe the one you feel closest to or the one you regard as your mother). Give your impressions in REFERENCE TO YOUR CHILDHOOD.

List what you feel are the positive qualities of your mother.

List what you feel are the negative qualities of your mother.

Describe how you feel about your mother. (Did you BOND together or feel rejected?)

What emotions does she express openly and how?

Describe how you and your mother communicate.

Describe the most pleasant and unpleasant experiences with your mother?

What was your mother's goal for your life? (How did she express it to you?)

In what ways are you like your mother?

What do you consider to be your strengths?

What do you consider to be your weaknesses?

What do you like most about yourself?

What do you dislike about yourself?

What are effective coping strategies that you've learned?

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Personal Agreement

I understand that I may be asked to do certain "homework exercises" such as reading, praying, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

Counseling does not assess blame nor focus on anyone individual in this regard; there is neither prejudice
no faultfinding, what is commonly referred to as "man or husband bashing." (Galatians 3:27). All are considered equally! Instead, there is an honest search for and help you resolve the problems that are plaguing the marriage, family or other significant relationships. This is the focus of the LoveSpeak ministry.

I further understand that much of the work done will be to resolve issues and will depend on my honesty,
and willingness to do the things I need to do to move forward even if I am not always in agreement with the direction, or it is painful and appears to be too difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

____

(client signature and date)

As your counselor, I am privileged to share your personal problems in life and offer assistance through the Word of God and select training to achieve your goals and restore the peace, harmony and joy as much as is humanly possible. I will offer you the knowledge, expertise, study, experience and training along with the insight, wisdom, and spiritual guidance that the Bible affords.

I value you as a person in need of care and you can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do.

John L. Price

Certified Temperament Counselor
Certified Christian Counselor
Professional Clinical Member
NCCA